



APPLICATION
Fresh Food Within Everyone's Reach

Name: _____

Date: _____

Address: _____

Phone (primary): _____

(City) (State) (Zip Code)

Phone (secondary): _____

E-mail: _____

Please indicate your current Weavers Way Membership status (check one):

- I am a current member-owner whose membership is up to date. Member # _____
- My membership is currently inactive. Member # _____
- I have never been a member-owner. (If you qualify for FFA, your yearly equity investment will be reduced to \$5 per year.) Please complete and attach the Membership Application.
- I am a current FOOD FOR ALL participant who is reapplying for the program. Member # _____

Eligibility requirements: Please submit the qualifying documents for one of the programs listed below and provide one form of identification, either a driver's license or another government-issued picture ID.

- Food Stamps (SNAP):** Current Budget Sheet or Legal Notice of Eligibility
- TANF Cash Assistance:** Current Budget Sheet or Legal Notice of Eligibility
- WIC:** WIC Card and Current Active WIC Check (Note: 2 documents required)
- Medicaid:** Current Awards Letter
- SSDI:** Notice of Award Letter
- SSI:** Benefits Letter or Proof of Award Letter
- Military Disability:** VA Disability Rating Letter
- General Assistance:** Current Budget Sheet or Legal Notice of Eligibility

Conditions of FOOD FOR ALL Discount Eligibility:

1. The Food For All discount is good for one year; you must reapply annually.
2. Weavers Way equity investments must be up to date.
3. If your Weavers Way membership or FFA discount expires, you will not receive a retroactive discount.
4. Weavers Way membership and the FFA discount cannot be shared with anyone other than those listed as part of your household.
5. Certain items, such as newspapers, SEPTA tokens, stamps and gift cards, are not discounted.

I have read and understand the above Conditions of the FOOD FOR ALL discount. I understand that failure to comply with these conditions will result in deactivation of the FFA discount.

Signature: _____

Date: _____



You can bring this application with your qualifying documents to the cash register in any Weavers Way store, or, by appointment, to the Membership Office at 555 Carpenter Lane (adjacent to the Mt. Airy store). For more information about FOOD FOR ALL, or to make an appointment, email member@weaversway.coop or call 215-843-2350, ext. 119.