



MEMBERSHIP FORM

Date _____

Please include your **Membership Investment of \$30 or more** with this form.

Checks should be made out to **Weavers Way Co-op**.

Mail to: Membership Department, 559 Carpenter Lane, Philadelphia, PA 19119 or return to any of our main stores.

We protect and respect your privacy. We do not share our records.

PLEASE PRINT LEGIBLY AND INCLUDE ALL PERTINENT INFORMATION, ESPECIALLY ADDRESS AND CONTACT INFORMATION.

Household Information

Primary Member Name _____ Date of Birth _____

Primary E-mail _____

Address _____

City / State / Zip _____ Phone _____

Driver's License # _____ State _____

I will shop, primarily, in (Circle One): Ambler Chestnut Hill Mt. Airy Germantown Farm Market

Additional Household Members and Children

1. Name _____ Date of Birth (MM/DD/YYYY) _____

Email _____ Phone _____

2. Name _____ Date of Birth (MM/DD/YYYY) _____

Email _____ Phone _____

3. Name _____ Date of Birth (MM/DD/YYYY) _____

Email _____ Phone _____

4. Name _____ Date of Birth (MM/DD/YYYY) _____

Email _____ Phone _____

WorkShare – When you contribute 6 work credits per adult (16 yrs or older) you earn a 5% discount

☐ Our household does not intend to Work this year.

☐ Our household intends to be a Working household this year.

Your indication will help us plan for work shortages but will not be considered a binding decision.

Beneficiary *In the event of the Primary Member's death, Equity will pass to the next Adult in the Household. If there are no other Adults in the Household, Equity will pass to your designated beneficiary.*

Name of Beneficiary _____ Relationship _____

Address _____

City / State / Zip _____ Phone _____

OFFICE USE ONLY

2022

Put Member # Label Here Store: AB CH MA GT FM NEW REACT HH ID# _____ PD _____
(circle one)

NOTES _____

STAFF SIGNATURE _____