

## **APPLICATION**Fresh Food Within Everyone's Reach

Name:			Date:	
Address:			<b>Phone</b> (primary):	
			Phone (secondary):	
(City)	(State)	(Zip Code)		
E-mail:				
Please indicate you	ır current Wea	avers Way Membership	status (check one):	
☐ I am a current me	ember-owner v	whose membership is up	to date. Member #	
My membership	is currently ina	active. Member #		
		wner. (If you qualify for F ch the Membership App	FA, your yearly equity investment will be reduced to \$5 per lication.	
☐ I am a current FO	OD FOR ALL p	articipant who is reapply	ring for the program. Member #	
forms of economic l Food S TANF ( WIC Medic SSDI SSI Militar	hardship inclu Stamps (SNAF Cash Assistan	ıde: P)	nolds that are experiencing economic hardship. Some of the	
Conditions of FOOI				
		d for one year; you must	reapply annually.	
		s must be up to date.	s, 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, suc	. Certain items, such as newspapers, stamps and gift cards, are not discounted. Items that are "Co-op Basics," our every low price program, are not discounted.			
		above Conditions of the in deactivation of the F	e FOOD FOR ALL discount. I understand that failure to comply FA discount.	
Signature:			Date:	



You can bring this application 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 appointent, email member@weaversway.coop or call 215-843-2350, ext. 119.