

# JOIN NOW!

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Name

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Address

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City, State and Zip

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Phone

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Email

(you will receive 2 e-newsletters per month, as well as other member announcements)

Number of adult household shoppers (check one):

1 (amount due: \$150)

2 Name: \_\_\_\_\_ (\$175)

3 Name: \_\_\_\_\_ (\$200)

To join, please present this application to the cashier. Payment can be made by cash, check or credit card.

Make checks payable to Indy Food Co-op.

**My member number:**

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