

NEW OWNER SHARE FORM



DATE _____

NAME(S) _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE H: _____ M: _____

EMAIL(S) _____

I/We wish to purchase an ownership share in The Community Market Food Co-op. Please select:

_____ Full payment of \$150 enclosed

_____ 1 of 3 subscription payments of \$50/each

_____ 1 of 6 subscription payments of \$25/each

___ Check if you own a business & are interested in partnering with the Co-op.

Business Name: _____

SIGNED _____

Please print, complete and mail this form, along with your payment to:

The Community Market Food Co-op

P.O Box 565

Fuquay Varina, NC 27526