

Chester's Community Grocery Co-op
P.O. Box 136
Chester, PA 19013
610-874-2827
www.chestercoop.com

Thank you for your interest in joining Chester's Community Grocery Co-op. We're excited about this exciting project and aim to open our doors in the Spring 2007.

Anyone can join the Co-op by fulfilling the following requirements:

1. Complete the new member application (attached);
2. Pay the non-refundable \$50 joining fee;
3. Attend a membership orientation meeting; and
4. Commit to working a regular work shift.

Members must also pay a refundable initial investment of \$200. This can be paid in one lump sum when you join or can be paid in a payment plan over the course of one year. Payment plans should be worked out with the membership office by calling 610-864-9929.

In addition, anyone may be recognized as a Founding Member by contributing an additional \$25 (minimum) for a total of \$275.

Completed applications and payments should be sent to the address above.

New members will receive a receipt from the co-op. (A sample of the receipt is attached.) Once the co-op is up and running, members will be given a membership card. Remember: in order to become a member you must attend an orientation meeting. Times, dates and places for the upcoming meetings will be posted on the co-op website.

If you have any other questions please contact us by telephone at 610-864-9929 or email at info@chestercoop.com.

Thanks again for joining the Co-op. We look forward to working with you soon!

Sincerely,

The Membership Committee
Chester's Community Grocery Co-op

This receipt will be given (or mailed) to you upon receipt of your \$50 membership fee.

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Thank you for joining Chester's Community Grocery Co-op. We are excited about this opportunity to bring a community-owned grocery store to Chester.

All Co-op Members must pay a one-time non-refundable joining fee of \$50 and an additional refundable investment of \$200.

According to our records, you paid _____ on _____.

The balance of your membership dues is _____. This amount must be paid within one year of joining the Co-op.

Pursuant to the Co-op's by-laws, any Member's invested capital will be returned if the Co-op dissolves or if the Member resigns from the Co-op and requests, in writing, the return of his or her capital. Whenever the Co-op is required to return a Member's regular capital under the By-laws, the Co-op may repay the capital in a lump sum or in such installments as the Board of Directors in its discretion sees fit.

Please retain this paper as a receipt.

Co-op Signature

Date

Member Signature

Date

Our mission: To satisfy the individual and collective needs of people who live, work, worship or volunteer in Chester, to enjoy good-health in order to better-contribute to the overall health and vitality of the community; by providing local availability of quality, nutritious and fresh food at the lowest possible cost; during a grocery store shopping experience in the City of Chester that is respectful, safe, clean and environmentally sound.

What are your intentions?

- a.) To be an Owner and Founding Member now.
- b.) To be an Owner and Founding Member by: _____
- c.) To be an Owner and Regular Member now.
- d.) To be an Owner and Regular Member by: _____
- e.) To bring my family and friends to the next orientation.
- f.) I have more questions. Please call me.

FOR CO-OP USE ONLY:

Member # _____

Date Received _____

Orientation Attended _____

Processed by _____

Date Processed _____

Work Assignment Suggestions _____

Receipt provided _____

Squad: _____

Assignment proofed _____

Skill: Cashier... yes... no,

Data entry proofed _____

if yes, time: _____

Household members confirmed _____

Childcare... yes... no

Attn card made _____

Packet/schedule sent _____

NOTES: _____

Payment

Membership fee paid? _____

Investment paid? _____

Payment plan established? _____