

MEMBERSHIP APPLICATION

MEMBER INFORMATION				
SECTION 1	LAST NAME	MS. MR. MRS. (circle one)	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY #
	RESIDENTIAL ADDRESS		CITY	STATE & ZIP
	MAILING ADDRESS		CITY	STATE & ZIP
	HOME PHONE #	WORK/DAYTIME PHONE #	EMAIL ADDRESS	

I am applying for membership in the Consumers Cooperative Society of Santa Monica, Inc. (Santa Monica Co-Op). I agree to abide by the by-laws of the Santa Monica Co-Op and to cooperate with the other members in promoting the objectives of the organization as set forth in the by-laws. A copy of the by-laws is on file at the Consumers Cooperative Society of Santa Monica, Inc., 3027 Wilshire Blvd., Santa Monica, California 90403-2301, and available online at www.ccssm.org under "About." A description of the Santa Monica Co-Op and its objectives will be provided to me either in person, by mail or email.

- Membership in the Santa Monica Co-Op is held as a single person.
- Membership becomes effective on receipt of a \$10 membership share.
- Continued membership in the Santa Monica Co-Op will be subject to an annual membership renewal fee of \$10.00.
- Except for an individual under the age of eighteen (18), all members shall have one (1) vote on all voting occasions.

I agree that an electronically transmitted copy of this document shall be considered as an original document and shall be admissible as evidence in any court of competent jurisdiction.

I would like to receive all Co-Op member notices in electronic format (e-mail.)

MEMBER SIGNATURE: _____ DATE: _____

FOR CO-OP USE ONLY			
CO-OP MEMBERSHIP NUMBER			
MEMBERSHIP OFFICER APPROVAL	DATE	REP #	OFFICE #