



# Food for All Application

Welcome to the Healthy Food Access Program at the Putney Co-op!

This program requires you to become a member of the Putney Food Co-op at the rate of \$15 per year until you are a fully paid member at \$75. You will also need to re-apply each year and show proof of eligibility. Enrollment in the Healthy Food Access Program entitles you to 10% off most purchases at the Co-op every day (excluding alcohol, newspapers, Thomas' Milk and Co-op Deals)

Thank you for your membership and support! We look forward to seeing you in the store!

I am a current Putney Co-op Member:	Yes	No
Date:	_____	
Member Number:	_____	
Name:	_____	
Address:	_____	
City:	State:	Zip Code:
Phone:	Alternate Phone:	
Email:	_____	
Your approval letter will arrive by mail!		

Please initial after each statement:

I understand that I need to reapply every year in order to receive the Food for All Discount: \_\_\_\_\_

I understand that no discounts will be applied to my past purchases: \_\_\_\_\_

I understand that this discount may not be shared with other customers: \_\_\_\_\_

I understand that I will not receive a Patronage Dividend until I am a fully vested/paid member of the Putney Food Co-op: \_\_\_\_\_

I have shown my copy of one of the following documents:

A WIC card:

A current EBT card:

SSI Benefits Statement or Check Stub:

A notice of decision from DCF for SNAP benefits (3SquaresVT):

I hereby authorize the Putney Co-op to determine my eligibility for the Food for All discount program:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-op Use Only:

Date Received: \_\_\_\_\_

Cashier: \_\_\_\_\_

Date Approved: \_\_\_\_\_

By: \_\_\_\_\_

Amount Paid/Year: \_\_\_\_\_

