

Renton Community Co-Op

P.O. Box 3174
Renton, WA 98056
rentoncoop@yahoo.com

Membership Application

Date: _____

Name: _____ (Renton Community Co-Op allows up to two adults who reside in the household to be members)

Name: _____

Member Since _____

Address: _____

Who told you about RCC?

Primary Phone: _____

For messages and roster

Secondary Phone: _____ Publish on roster? []Yes []No
Cellular, Pager, or other

E-mail address: _____

To keep costs down, our primary distribution of information is via e-mail. If this option is not satisfactory for you, please supply 12 stamped, self-addressed envelopes and you will receive paper copies of all your newsletters via the postal service.

Membership Agreement

I will do my best to follow the bylaws, policies, and procedures of RCC. _____ (Initials) _____ (Initials)

I will perform scheduled duties each month, which facilitate the obtaining and distribution of food and other goods for RCC and the many families it supports with these items. **It is my responsibility** to proactively acquire and maintain a team job, which facilitates team operations. **I understand** that failure to appropriately perform my duties over a length of time may cause my termination from the association.
_____ (Initials) _____ (Initials)

I will keep current vehicle registration, insurance, and driver's license whenever I drive for RCC business. If hosting a glean, **I will** have current homeowner's insurance. **I understand** that the liability insurance carried by RCC is not auto, home, medical, injury or personal property insurance. It is to protect the corporation, from the impact of liability lawsuits brought by non-members. _____ (Initials) _____ (Initials)

I UNDERSTAND THAT MY FAMILY AND I PARTICIPATE AT OUR OWN RISK

Signature _____

Date: _____

Signature _____

Date: _____

Suggested Donation: \$30.00

Payable to: **Renton Community Co-Op**

FOR OFFICIAL USE ONLY

Check #:	Amount:	Date:	Received by:
Membership Beginning:	Membership Ending:		