

## Contact info:

First Name MI Last Name							
Mailing Address							
City				_ State	Zip		
Primary Phone () Email							
Blue Hill Co-	op Owner Numb	er					
Please indicate your current Blue Hill Co-op ownership status:							
☐ I am a current owner whose ownership is up to date							
☐ I am o	was an owner, b	ut my owner	ship is not u	p to date			
Terms of Part	cipation:						
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	d understand the ply with these teri		•		RE. I understand that ARE discount.		
Signature:				Date:			

Blue Hill Co-op is committed to being an inclusive organization free from discrimination.

We seek out and welcome people from diverse communities to participate in a community-owned cooperative business structure.

Store Use Only:	
Date Received// Qualifying Doc Verified 🗌	Photo ID Verified  Staff Initials