

# 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:	