

# MEMBERSHIP APPLICATION

## MEMBER INFORMATION

LAST NAME <input type="checkbox"/> MS. <input type="checkbox"/> MR. <input type="checkbox"/> MRS.		FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY #
			DATE OF BIRTH
RESIDENTIAL ADDRESS		CITY	STATE & ZIP
MAILING ADDRESS		CITY	STATE & ZIP
HOME PHONE #	WORK/DAYTIME PHONE #	FAX	E-MAIL ADDRESS

Co-op # \_\_\_\_\_

I (We) am (are) applying for membership in the Consumers Cooperative Society of Santa Monica, Inc. (Santa Monica Co-Op). I (We) 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., 2801 Wilshire Blvd., Santa Monica, California 90403, or visit [www.ccssm.org](http://www.ccssm.org) and click on "Membership." A description of the Santa Monica Co-Op and its objectives is contained in its brochure, which has been provided to me (or will be provided by mail).

Membership in the Santa Monica Co-Op may be held either as a single person (Single Tenancy) or jointly as Joint Tenants with Right of Survivorship (NOT as Tenants-in-Common). If membership is to be held by more than one person, complete all information for both parties. On all memberships:

- Membership becomes effective on receipt of a \$10 application fee and acceptance of this application by the Board of Directors.
- Either Joint Tenant, but not both, has the right to vote at membership meetings or by mail ballots.
- Continued membership in the Santa Monica Co-Op will be subject to an Annual Membership Renewal Fee of \$10.00; however no annual fee is required to maintain membership in Kinecta Federal Credit Union.

By signing below and providing my email address, I (We) consent to receive notices from Santa Monica Co-Op by electronic delivery. If I (We) want a paper copy of Santa Monica Co-Op notices, I can write to the address above with the details of my request; if requested, paper copies will be provided at no charge. I (We) may withdraw consent at any time by writing to Santa Monica Co-Op at the address above. To access the notices, I (We) must be able to use a computer system with the following minimum system requirements: Internet Explorer 5.0 or higher, Netscape Navigator 4.7 or higher, or Safari 1.0 or higher; must operate on Windows 98, 2000, or XP, have a Pentium 2 Processor, or OS9, OSX; at least 256 MB RAM; a 56K Modem, DSL, Cable Modem or LAN. I (We) must have a printer capable of printing Co-Op Notices or be able to save and display notices on my screen. I (We) will provide any changes in our e-mail or postal address in writing to the Santa Monica Co-Op at the address above.

MEMBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## JOINT TENANT INFORMATION

LAST NAME <input type="checkbox"/> MS. <input type="checkbox"/> MR. <input type="checkbox"/> MRS.		FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY #
			DATE OF BIRTH
RESIDENTIAL ADDRESS		CITY	STATE & ZIP
MAILING ADDRESS		CITY	STATE & ZIP
HOME PHONE #	WORK/DAYTIME PHONE #	FAX	E-MAIL ADDRESS
JOINT OWNER SIGNATURE			DATE