



PCC NEW JOIN AND MEMBER MAINTENANCE FORM

NEW JOIN REPLACEMENT CARD INFORMATION UPDATE

Staff I.D. #

Date / /

REQUIRED FOR ALL TRANSACTIONS

NAME (Please print — one name only)

Last		First		Middle initial
Street address				Apt. No.
City	State	Zip +4	Primary phone # ())	May be used to verify member # —
E-mail address (optional)			Alternate phone # ())	—

CASHIER: PLEASE ATTACH CARD
NUMBER STICKER TAB HERE

REQUIRED FOR NEW JOINS

PICTURE IDENTIFICATION

WDL #	Other #	Amount Paid
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SIGNATURE REQUIRED

I attest that the information provided by me on this application is true and accurate, and I have read the membership conditions on the back.

Signature _____

Date _____

REQUIRED FOR INFORMATION UPDATE

Previous Last Name		First Name	
Previous address		City	State
Zip +4	Previous phone # ()) —		

PCC MEMBERSHIP AGREEMENT

- I am applying for lifetime membership in PCC Natural Markets (Puget Consumers Co-op) under the conditions and policies stated in the introductory brochure and the Articles of Incorporation and Bylaws of PCC, as they may change from time to time by action of the membership or the Board of Trustees.
- I understand that a membership must be in the name of one individual only; my name is printed on opposite side. I also understand that other persons living in my household may use my membership card to shop at PCC, but this does not confer membership upon them.
- I understand that, except as provided by rules adopted by the Board of Trustees, my membership is not transferable.
- I understand that all payments to my membership account remain my sole property during my lifetime.
- I understand that my membership shall terminate automatically upon my death and that at that time the balance in my membership account shall revert automatically to PCC.
- I understand that I may resign this membership at any time during my lifetime, and that the membership account refund will be sent to me only, at least 90 days after resignation.

↑ CASHIER, PLEASE VALIDATE HERE ↑

- I agree that all debts owed by me to PCC older than 30 days may be charged, at PCC's option, against my membership account.
- If this form is being used for a REPLACEMENT CARD, I understand that my previous member card will be deactivated (ineligible for member benefits) 90 days after receipt of this form by PCC's member records department. I am responsible for notifying any household members who carry additional cards from my membership account of this change.

