

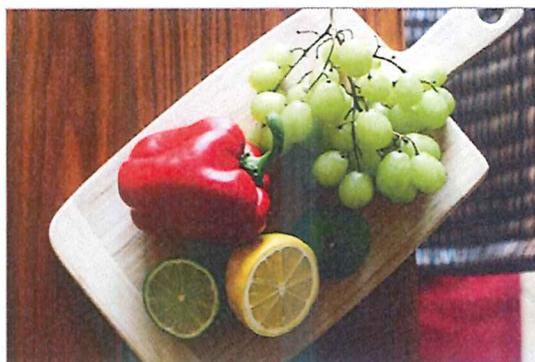
What's Next?

Please allow approximately two weeks for processing.

You will receive a letter from Member Services indicating the status of your application and discount.

Once approved, you will begin receiving a 10% discount on your purchases for up to one year (based on your eligibility end date) from the date of approval. To receive this discount, you will need to present your membership card to the Cashier.

At the end of this period, the discount will automatically be discontinued. You may re-apply using a new application and updated verification. No discounts may be applied retroactively.



Things to Know

The Food For All discount may not be combined with any other Member or Employee discounts.

The Food For All discount does not include alcohol, stamps, gift cards, cooking classes, caselot sale, Fedco seeds, gas, or services from the Service Center.

CO-OP FOOD STORES

45 S. Park Street
Hanover, NH 03755
(603) 643-2667
coopfoodstore.coop



FOOD FOR ALL



Food For All is a Member Benefit.

It is part of our effort to make healthy foods more affordable to the community. Read on to learn more and apply!



How to Apply

1. Complete a Food For All application (at right).
2. Show verification of your eligibility.
3. Submit your application to the Service Desks.

Who Can Apply

Members of the Co-op Food Stores who are currently recipients of food benefits may apply for a 10% discount on their purchases (for up to one year).

Not a Member?

Fill out a Co-op Membership application and the Food For All application. If approved, you will be assigned a member number and through your shopping will earn your full membership.

The Food For All program application is also available at the Service Desks in each of our stores.



Date: _____ Member Number: _____
Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email: _____ I would like to receive updates and announcements by email.

Please send my approval letter via: mail email

_____ I understand that I may re-apply every year for the Food For All discount.
(Initial)

_____ I understand that no discounts may be applied retroactively.
(Initial)

_____ I understand that this discount is not to be shared with other customers and Co-op Members.
(Initial)

_____ I understand that by accepting this discount I waive my right to any/all other Member discounts or promotions taken at the registers.
(Initial)

I meet the terms of the Food For All program.

Signature: _____

_____ Co-op Staff Member has verified proof of eligibility
(Initial of Co-op Staff Member)

For Member Services Use Only:

Completed by: _____

Letter/email sent: _____

Discount end date: _____

Reminder: _____ via: mail email