



**DEDICATED TO SUSTAINING A HEALTHY AND THRIVING COMMUNITY**

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**CROW WING FOOD CO-OP MEMBERSHIP APPLICATION**

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YOUR NAME:

OTHERS IN MY HOUSEHOLD:

ADDRESS:

CITY/STATE/ZIP:

EMAIL ADDRESS:

PHONE NUMBER:

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I agree to purchase one life-time family membership, paying dues of \$150.00 to become a fully vested member-owner of Crow Wing Food Co-op.

I am paying my dues in full today to become a fully vested member-owner of Crow Wing Food Co-op.

I am paying \_\_\_\_\_ (\$ amount) in dues today and will make incremental payments until I am a fully vested member, recognizing that I will not earn membership dividends until I have paid the full \$150.00 in membership dues.

I am already a member-owner and I would like to bring my legacy membership (previous dues totaling \$60.00 or \$80.00) to the new fully vested member level of \$150.00 by paying an additional \_\_\_\_\_ on my membership.

Membership dues were increased from \$80.00 to \$150.00 by a member vote in December 2019. Patronage dividends will be allocated back to member-owners each year the Co-op is profitable. Patronage dividends are given based on a proportion of profit that the business makes, calculated based on how much the member-owner has utilized Co-op services.

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\_\_\_\_\_ Member Signature

\_\_\_\_\_ Date

Member # \_\_\_\_\_ (assigned by CWFC staff)

**Dues Payment Method:**  check included  credit card at store  call me for credit card #

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## CROW WING FOOD CO-OP NEW MEMBER SURVEY

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So we can serve you better through the years ahead, please tell us about your family's preferences and what brought you to become a member-owner of Crow Wing Food Co-op.

1. Do you have dietary restrictions in your household? \_\_\_ Yes \_\_\_ No
- a. If yes, please select all that apply: \_\_\_ dairy \_\_\_ gluten \_\_\_ soy \_\_\_ eggs \_\_\_ fish  
\_\_\_ peanuts \_\_\_ tree nuts \_\_\_ shell fish \_\_\_ other \_\_\_\_\_

2. Please rank the following reasons why you may have joined CWFC:
- \_\_\_ Better access to local foods and goods.
  - \_\_\_ I prefer organic products.
  - \_\_\_ My family requires allergen-friendly products that I find at the Co-op.
  - \_\_\_ I want to support local farmers and local food systems.
  - \_\_\_ I want to help the Co-op expand and relocate.
  - \_\_\_ I appreciate the cooperative model of ownership and governance.
  - \_\_\_ Another reason: \_\_\_\_\_

3. How would you classify your family's eating habits:
- a. vegetarian (plant-based foods and animal-derived products like dairy)
  - b. vegan (strict plant-based diet; no animal-derived products)
  - c. omnivore (meat, fish, and plants)
  - d. pescatarian (fish and plant-based foods)

4. Is there a product we carry that you specifically go to CWFC to purchase?

5. Are there products you WISH CWFC carried that we currently do not currently?

6. What other grocers do you use to feed your family?

7. Do you have advice or suggestions to consider as we work to expand CWFC?