



GREENE HILL FOOD CO-OP

Membership Info

Welcome to the Greene Hill Food Co-op. This is an exciting opportunity for our Brooklyn neighborhoods (Fort Greene, Clinton Hill, Prospect Heights, Bed-Stuy, and beyond) to come together to run a member-owned, member-run grocery store that offers high-quality food at affordable prices. Your membership will strengthen the Co-op and give you, as a co-owner, a voice in its operation.

Membership is open to all adults over 18 years old and comes with a few important responsibilities:

1. Completion of the Member Application;
2. Payment of a refundable membership investment and a smaller non-refundable administrative fee (details follow);
3. Viewing of an orientation video; and
4. Commitment to working a regular work shift.

Investments/Fees:

To help cover the costs of opening and running the Co-op, each member pays a small administrative fee, and a larger membership investment. **Every adult who shares in your household's food must pay the administrative fee and the membership investment.**

The administrative fee, which is nonrefundable, is \$25. The administrative fee covers day-to-day costs like printing flyers, bank fees, and hosting our website. The membership investment, which is refundable, is \$150. The membership investment contributes to the costs of leasing, fitting out, and stocking a small grocery store space in the community. The Co-op is incorporated as a not-for-profit membership cooperative under the laws of New York State. The Co-op is not a charitable 501C-3 organization. Membership investments and administrative fees are not tax deductible.

Member investments will be refunded under the following situations:

1. The member chooses to resign from the Co-op and requests, in writing, the return of his or her investment.
2. The Co-op dissolves.

Whenever the Co-op is required to return a Member's investment, under the By-laws, the Co-op may repay the investment in a lump sum or in such installments as the Board of Directors in its discretion sees fit. As with any investment, there is risk.

Workshifts:

Member labor keeps overhead low, which in turn helps keep food costs as low as possible. Members can be involved in a range of responsibilities, from stocking shelves to website maintenance to record-keeping to being cashiers. We are a 100% working co-op, so every member is responsible for contributing. As a member you are required to work 2 hours every 4 weeks. If you cannot make your scheduled shift, you may find another member to cover it for you. For those that cannot work any of the current allotted work shifts or in the event there are no shifts available that suit your schedule, you can sign up to work on a committee. Committee work requires an obligation of 4 hours every 8 weeks. Note that if you are also a member of the Park Slope Food Co-op and choose to remain a member there, the shifts you work for Greene Hill will count toward your work owed to PSFC. At this time, working at both co-ops is not required as long as you are set up to receive FTOP (Future Time Off Program) credit at PSFC. More detailed instructions for signing up for a work shift will be provided once you become a member. Our orientation video will also explain this process. The link to this video will be sent to you when we confirm your membership. If you do not have a way to watch the video online, just come to the store. We have it there.

* If you are unable to work due to disability or other unusual circumstances, or if you do not qualify for the Apple plan but feel you cannot afford the Carrot plan, please email or call us. We will try to work out a membership plan specific to your needs.

Membership Options:

Each adult member of your household must fulfill all membership requirements. This policy is crucial to raising sufficient capital for running the Co-op. It also creates a community in which all adults who benefit from the Co-op contribute to its growth. Please note that, for these and additional legal reasons, you may not shop for a business or restaurant at the Co-op. The Co-op reserves the right to follow up if the quantity of purchases does not appear to match the number of people in the household over a significant period of time.*

We have worked hard to create 4 membership plans to suit people with different needs. Find the plan that works for you below.



AVOCADO PLAN

Pay the \$25 administrative fee and the full membership investment of \$150 at one time plus an additional donation so we can open the store sooner and accommodate individuals of lower incomes.



LETTUCE PLAN

Pay the \$25 administrative fee and the full membership investment of \$150 at one time.



CARROT PLAN

Pay the \$25 administrative fee now. Pay the remaining \$150 in installments over the next six months.



APPLE PLAN

For members with limited incomes. Pay a reduced administrative fee of \$5 now. Commit to paying the \$150 membership investment in small installments over 5 years.

To qualify for this membership plan, you must show proof of current participation in a public assistance program such as:

- Unemployment Benefits
- Supplemental Security Income (SSI)
- Medicaid
- WIC (Women, Infants, and Children)
- Family Health Plus/ Child Health Plus
- Section 8 housing subsidy
- Advantage Program (Fixed Income, Worker or Children's Advantage) issued by Administration for Children's Services (ACS) or Human Resources Administration (HRA) or Department of Homeless Services (DHS)
- SNAP/Food stamps/EBT
- The Co-op will consider, on a case-by-case basis, requests for the Apple Plan based on other types of financial hardship. Please call or email if you have such a hardship.

We do take EBT payments for groceries, but we cannot take EBT as a means of payment for the member investment or administrative fee.

The information you provide on the application and in other communications about your membership will be kept strictly confidential. From time to time, we will publish lists of our current members' names; please indicate on the application if you are willing to be included on such lists. After you join you will also receive a confirmation email from the Co-op. All members will be added to our email list. You will receive approximately two emails per month. If you do not have email, we will let you know how to get updates. If you have any questions, please contact us at (718) 208-4778 or at membership@greenehillfood.coop.

Sincerely,

The Membership Committee

GREENE HILL FOOD COOPERATIVE, INC.

18 Putnam Avenue, Brooklyn, NY 11238 • (718) 208-4778 • membership@greenehillfood.coop • GreeneHillFood.Coop

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GREENE HILL FOOD CO-OP

Membership Application

Thank you for your interest in supporting the Greene Hill Food Co-op. Please review the page called "Membership Info" before you fill out this form. When you are finished with this form, please give it to a Co-op representative or mail it to the address at the bottom of this page along with your payment. **Each member must fill out his or her own form.**

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip Code: _____

Phone #s: Home: _____ Cell: _____ Work: _____ x _____

Email: _____

Please indicate the best way to reach you _____

Please list all other adults (i.e., over 18) in your household so that their memberships can be linked with yours: _____





Do you have children under 18 stay with you part or all of the time? If so, how many? _____

Please initial here to confirm that you are an adult and that you commit to view an orientation video and then complete a recurring work shift to maintain your membership: _____

May we acknowledge your support by including your name on a list of current members? _____

Did someone refer you to the Greene Hill Food Coop? If so, please indicate name(s) _____

Please check the membership option you have selected:

- ☐  **AVOCADO PLAN** Pay the \$25 administrative fee and the full membership investment of \$150 at one time plus generous support of \$_____
- ☐  **LETTUCE PLAN** \$175 Payment in full
- ☐  **CARROT PLAN** \$25 now, \$150 over 6 months, installment plan
- ☐  **APPLE PLAN** \$5 now, \$150 over 5 years, limited income installment plan. For Apple, please include proof of public assistance (type and document number) _____

Payment by: ☐ Cash ☐ Check (please make check payable to Greene Hill Food Co-op, Inc.)

☐ Please check here if you have additional questions (someone will call you)

Representative Signature (print name) _____ Date _____

Member Signature _____ Date _____