

## Fresh Food Within Everyone's Reach

Name:			Date:	
Address:			Phone (primary):	
			Phone (secondary):	
(City)	(State)	(Zip Code)		
E-mail:				
Please indicate your cur	rent Weavers W	ay Membership stat	us (check one):	
☐ I am a current mem	ber-owner whose	e membership is up to	o date. Member #	
My membership is of	currently inactive	e. Member #		
		(If you qualify for FFA e Membership Applic	, your yearly equity investment will be reduced to \$5 per ation.	
I am a current FOOD	FOR ALL partici	pant who is reapplyin	g for the program. Member #	
☐ TANF Cash A	<b>Assistance:</b> Curr	rent Budget Sheet or I Active WIC Check (No	egal Notice of Eligibility Legal Notice of Eligibility te: 2 documents required.)	
Conditions of FOOD FO	R ALL Discount E	Eligibility:		
1. The Food For All discount is good for one year; you must reapply annually.				
2. Weavers Way equity in	Weavers Way equity investments must be up to date.			
3. If your Weavers Way m	If your Weavers Way membership or FFA discount expires, you will not receive a retroactive discount.			
<ol><li>Weavers Way members household.</li></ol>	ship and the FFA	discount cannot be sl	hared with anyone other than those listed as part of your	
5. Certain items, such as r	newspapers, SEPT	TA tokens, stamps and	l gift cards, are not discounted.	
I have read and underst with these conditions w			OD FOR ALL discount. I understand that failure to comply liscount.	
Signature:			Date:	



Bring this application with your qualifying documents to the Membership Office, 555 Carpenter Lane (adjacent to the Mt. Airy store). Please email or call first: member@weaversway.coop or 215-843-2350, ext. 119. The Membership Manager will let you know within two weeks whether you qualify for FOOD FOR ALL. Contact the Membership Office if you have questions.