

Membership Form

Circle one: New Member Renewal

Date _____

Name _____

Address _____ Zip _____

Phone _____

E-mail _____

I will volunteer to help with — list skills and interests:

Membership Fee: (Check one)

\$20 for annual payment

\$100 for lifetime
(See above * Fair Share Account)

\$10 for 2nd Card
(See above ** Partner Program Fee — waived for
Lifetime Members)

Partner's Name _____

Total enclosed: \$ _____ Cash

\$ _____ Check # _____

Remit to: Riverwest Co-op
733 East Clarke St., Milwaukee, WI 53212

Questions? Call 414-264-7933

Note: Please allow up to 3 weeks for your membership to be processed and your card to be available.

Payment received by _____
Date _____