



## FLOWER PROGRAM APPLICATION

Applications must be submitted in-person **by appointment**.

To schedule an appointment, please call the Customer Service Manager at 603-225-6840 x102

FLOWER is designed to make natural, wholesome foods more affordable to current Co-op members and new members of the Co-op community. FLOWER means more people in our community coming together and supporting a dynamic, locally owned cooperative, committed to offering healthier food choices by offering a 15% discount on most food products and an additional three years to complete a membership investment. Co-op member-owners qualify for FLOWER if they currently receive assistance from one of the following programs: SNAP, WIC, Medicaid, or Free School Lunch Program. All products are eligible except beer, wine, and buying club orders.

### APPLICANT'S INFORMATION

First Name	Last Name
Mailing Address	
City, State, and ZIP Code	Primary Telephone <input type="checkbox"/> Home <input type="checkbox"/> Cell
Email	

*When submitting your application, you must present state-issued photo identification.*

How many adults reside in your household?	How many children (age 17 and under) reside in your household?
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### CO-OP MEMBERSHIP STATUS & QUALIFYING INFORMATION

What is your current membership status with the Co-op?

*If unsure, please leave blank, the employee accepting your application will assist you.*

Fully Invested     
  Not a member     
  Partially Invested

*For applicants who are not currently a Co-op Member-Owner, or are not fully invested, a membership payment of \$25 must be submitted with this application. FLOWER program participants may make annual membership payments of \$25 in place of the normal quarterly payments until the full membership investment is completed. Please see the Co-op's membership brochure for full details about Co-op membership.*

*Please identify ONE qualifying program and attach supporting documentation as requested:*

Program Name	Documentation Required. Please bring copies to store. Copies will not be returned.
SNAP: Supplemental Nutrition Assistance Program	Letter of eligibility dated within the previous year. <i>Please note: an EBT card alone is not sufficient to show eligibility.</i>
WIC: Women Infants & Children	Letter of eligibility dated within the previous year. <i>Please note: due to federal and state regulations, the Co-op is unable to accept WIC.</i>
Medicaid	Current Awards Letter dated within the previous year.
Free School Lunch Program	Letter of eligibility for child residing in household for the current school year. <i>Please note: the reduced school lunch program is not a qualifier for the FLOWER program.</i>

## FLOWER PROGRAM AGREEMENT

Applicants are considered for this program without regard to race, color, ancestry, religious affiliation, gender, age, national origin, sexual orientation, disability and other characteristics protected by law.

Conditions of FLOWER Discount Eligibility:

*By accepting and using a FLOWER discount, Members agree to and understand that:*

1. The FLOWER discount is valid for one year and applicants need to reapply on an annual basis.
2. Membership payments must be current: fully invested, or an annual payment of \$25 at time of application until fully invested.
3. If membership or FLOWER discount expires, a retroactive discount on previous purchase is not available.
4. Purchases are for the exclusive use of the applicant's immediate household. Applicants will not allow unauthorized individuals access to membership card and benefits.
5. Not all items/products and services are available for discount, and that in the event of any discrepancy or error, any decisions regarding discounts made by the Co-op will be final.
6. FLOWER discount cannot be combined with the SENIOR, case, or Member Appreciation Discounts (MAD).
7. The Co-op reserves the right to make changes to the program including eligibility requirements, discount amount, and eligible products, at any time.

All information contained in this application is true and correct to the best of my knowledge. I understand that falsified information or significant omission may disqualify me from consideration for FLOWER program benefits and may be cause for removal from the program if discovered at a later date. I authorize the Concord Food Cooperative Inc. to investigate all statements contained in this application.

I hereby acknowledge that I have read, understand, and agree to the preceding statements. I understand that failure to comply with these conditions may result in deactivation of the FLOWER Discount.

Applicant's Signature	Date
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## FOR STORE USE ONLY

Application Accepted By:	Application Processed By:																
Date Received:	Date Completed:																
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