



SENIOR PROGRAM APPLICATION

Concord Cooperative Market & Kearsarge Cooperative Grocer

Applications must be submitted in person at the store.

For questions concerning your application, please contact the Customer Service Manager at 603-225-6840.

Our SENIOR program is designed to make natural, wholesome foods more affordable by offering a 15% discount on Tuesdays to customers sixty-two years and older. All products sold at the Co-op are eligible, including sale items. These products are excluded: beer, wine, and buying club orders.

APPLICANT'S INFORMATION

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

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

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

Fully Invested Not a Member Partially Invested

SENIOR PROGRAM AGREEMENT

Applicants are considered for this program without regard to race, color, ancestry, religious affiliation, gender, national origin, sexual orientation, disability, and other characteristics protected by law. *By accepting and using a SENIOR discount, customers agree to and understand that:*

1. Purchases are for the exclusive use of the applicant's immediate household. Applicants will not allow unauthorized individuals access to membership card and benefits.
2. Not all items/products and services are available for discount, and in the event of any discrepancy or error, any decisions regarding discounts made by the Co-op will be final.
3. SENIOR discount cannot be combined with the case, FLOWER or Member Appreciation Days discounts.
4. The Co-op reserves the right to make changes to the program, including eligibility requirements, discount amount, and eligible products, at any time.

I herby 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 SENIOR discount.

Applicant's Signature	Date
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FOR STORE USE ONLY

Application Accepted By:	Date Received:	Card Number issued:
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If Current Member:

Member Number:	Is Member Retaining Current Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, New Card Number issued:
Level Changed in POS By:	Added to Database or Level Changed By:	