



Membership Application

Member Name _____

Names of Other Household Members _____

Address City/State Zip _____

E-mail Address _____ Phone _____

Founding Lifetime Membership: \$250

Referred by _____

Send form with payment to:

L.A. Cooperative Market

P.O. Box 838

Los Alamos, NM 87544

Address _____

(20% discount coupon will be mailed to this address)

Member Number (if available) _____