



(Supporting Households and Reaching Everyone)

**Contact Information**

First	MI	Last		
Mailing Address		City	State	Zip
Preferred Phone # ( )		Email Address		

**Rising Tide Member #** (if applicable): \_\_\_\_\_

**Please indicate your current Rising Tide Membership status (check one):**

- .. I'm a current member-owner whose membership is up to date.
- .. I am or was a member-owner, but my membership is not up to date.

**Confidentiality & Privacy:**

Your information will be used for co-op membership and the SHARE program only. Your infor-

**Terms of Participation :**

1. The 10% SHARE discount is valid for one year and needs to be reapplied for yearly.
2. Neither the discount nor Rising Tide membership may be shared with others (with the exception of my dependent children under 18 years of age).
3. There are no retroactive discounts if your Rising Tide membership or SHARE discount expires.
4. Rising Tide membership payments need to be up to date to be eligible for member benefits, including the SHARE discount.
5. BASICS items, Co-op Deals, Member Sales items, and alcohol, don't receive any additional discount, due to their everyday low margin.
6. The SHARE discount is non-stackable with senior discounts and staff discounts. Should a member be eligible for both discounts, they will receive whatever price or discount is better in a given instance.
7. It may take up to two weeks for my SHARE application to be processed.

I have read and understand the above Terms of Participation in SHARE. I understand that failure to comply with these terms will result in deactivation of the SHARE discount.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rising Tide Co-op is committed to being an inclusive organization free from discrimination. We seek out and welcome people from diverse communities to participate in a community-owned cooperative business structure.**

**Store Use Only:**

Date Received: \_\_\_\_\_ Qualifying Doc verified:  Photo ID verified:  Staff Initials: \_\_\_\_\_