

## Our Mission

We are a not-for-profit organization operating a consumer owned business that provides food, pharmacy and other consumer services to our members and the community of Greenbelt, Maryland. In keeping with our primary mission, we strive to support our community and other cooperatives.

### Our Guiding Principles:

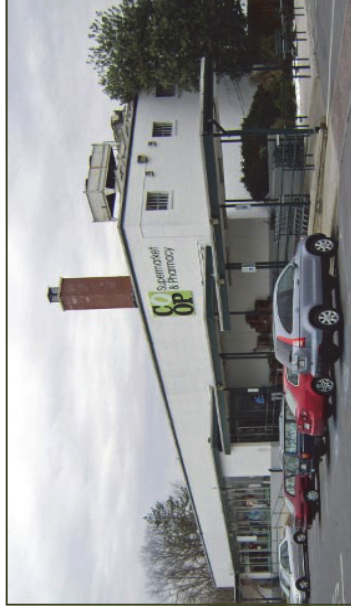
- Open & Voluntary Membership
- Democratic Control
- Education about Cooperatives & Consumer Issues
- Community Involvement
- Cooperation among Cooperatives
- Return of earnings to its Members

## Get Involved!

The Co-op has several committees that are seeking volunteers to serve. If you have a suggestion or are interested in becoming more involved in YOUR Co-op, please drop a note in the suggestion box or send an email to: [membership@greenbelt.coop](mailto:membership@greenbelt.coop).

## Our Store

Bakery	Grocery
Beer & Wine	Hot Foods
Coffee Bar	Natural Foods
Dairy	Organic Foods
Deli	Pharmacy
Fresh Produce	Quality Meats
Frozen Foods	Salad & Soup Bars



## Store Hours

### Supermarket

Mon — Sat: 9 a.m. — 9 p.m.

Sun: 9 a.m. — 6 p.m.

### Pharmacy

Mon — Fri: 9 a.m. — 7 p.m.

Sat: 9 a.m. — 6 p.m.

Closed Sunday

## Membership

## Application

# Greenbelt

# Co-op

## Supermarket Pharmacy

Historic Roosevelt Center

121 Centerway

Greenbelt, Maryland 20770

Store Tel: 301-474-0522

Pharmacy Tel: 301-474-4400

Pharmacy Fax: 301-474-3736

Email: [info@greenbelt.coop](mailto:info@greenbelt.coop)

[www.greenbelt.coop](http://www.greenbelt.coop)

# Membership Benefits

## Ownership in a member run business

As a member, you are a part owner. You have the chance to participate in the business and help chart Co-op's direction. The Co-op is guided by three groups: members, the Board of Directors and staff. As a voting member you have the opportunity to help direct and influence the policies of the Co-op by electing a Board of Directors to represent you. You also have the opportunity to serve on the Board or one of its committees.

## A share in the Co-op's earnings

Patronage refunds make Co-ops unique. Based on business results, the Board of Directors determines annually how excess earnings are distributed. Patronage refunds are not taxable. You share in these patronage refunds based on the business you have done with the Co-op.

**Since its opening in June 1984 the Co-op has declared Patronage Refunds totaling more than \$2.1 million dollars!**

## Patron Appreciation 5% Discount Day

Receive a 5% discount on purchases except Pharmacy Co-pays, gift cards & stamps.

## Eligibility for a Greenbelt Federal Credit Union Membership

With a Co-op membership, both residents & non-residents can apply for membership.

**Support Local Businesses and the Greenbelt Community**

# Your Capital Account

A person may join the Co-op by opening a *Member Capital Account* with a minimum of \$10 (for subscribing members) or \$100 (for voting members). This account belongs to YOU, the member. Our system tracks your purchases. **The Co-op uses these funds to establish, operate, and improve its facilities.**

One difference between a subscriber and a voting member is that a voting member may vote at the Co-op's annual meeting and is eligible to serve on the board if nominated and elected at this meeting.

Member Capital Accounts grow in two ways: with cash deposits made directly by members or through patronage refunds. All accounts above \$200 and up to \$2,000 earns interest that is credited to the account once per year.

As part of the distribution of earnings process, the Board decides if the patronage refund will be issued in the form of a store voucher or if it will go directly into member capital accounts.

**When funds permit — based on a business decision by the Board of Directors, members may request a refund of member capital upon written withdrawal from the Co-op.**

**Welcome to  
the Co-op!**



# Join the Co-op Today!

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/Mobile \_\_\_\_\_

Email \_\_\_\_\_

SSN \_\_\_\_\_ Membership No. \_\_\_\_\_

**Please list a co-owner/beneficiary for your account.**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone/Mobile \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Owner \_\_\_\_\_

**We cannot process your membership without your SSN. Please see IRS Code Section 3409(b) for details. Remember to complete a Member Information Change form if ANY of your info changes.**

Payment \$ \_\_\_\_\_  Cash  Check  Check No. \_\_\_\_\_

Member Type:  \$10 Subscribing Member  \$100 Voting Member

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Required information for check writing privileges only:**

Bank Name \_\_\_\_\_

Checking Account No. \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Driver License No. \_\_\_\_\_ State \_\_\_\_\_

Manager Approval \_\_\_\_\_ Date \_\_\_\_\_