



Application to Withdraw Membership

Per the SNFC Bylaws a member shall have the right to resign from the Cooperative and terminate their membership by filing a written notice. Please fill out this form in its entirety to complete your voluntary resignation.

Member Name: _____ **Member #** _____

Address: _____

_____ **Phone Number:** _____

Reason for withdrawal?

Please choose one of the following options for withdrawal:

Have SNFC re-purchase my share, and send the refund of my fair share investment to the above name and address. (According the Co-op Bylaws and Articles of Incorporation the Co-op has up to one year to repurchase these shares when a member withdraws)

Donate my share to SNFC

A membership shall immediately terminate upon the death of a member. A family member or household shopper may redeem the membership upon presentation of a death certificate for the deceased member.

Member Signature: _____ **Date:** _____ **Staff Initials:** _____

Please return this completed form to the Customer Service Desk or mail to:

Attention: Member Administrator
Sacramento Natural Foods Co-op
2820 R Street
Sacramento, CA 95816