

2019 Membership Form



Choose Membership: ___ Single Family \$57 ___ Multi-Family \$235 (up to 5)

Name: _____ Multi-Family Group Name: _____

Address: _____

Phone: _____ Cell/Text: _____

Email: _____

How did you hear about Food & Family? Friend Facebook Cornerstone Health Team

Website Cornerstone Health Summit Other _____

Membership Terms & Conditions

1. Orders are due by midnight of the due date. – **NO EXCEPTIONS!**
2. Please refer to www.cornerstonehealthteam.com for individual order dates and order process.
3. Complete payment is due within 24 hours of receiving invoice or your order will be cancelled.
4. Payments must be made via credit card/debit card. *(contact Food-N-Family coordinator for alternative arrangements: Anita McNamara 320-249-1458)
5. Complete cases must be ordered where applicable.
6. You will be responsible for bringing your own boxes, bags, and coolers with ice for your grocery packaging.
7. The condition of produce and all food items is the risk of each individual member.
8. All orders must be picked up promptly at scheduled pick-up time. Delivery times may vary. Notifications will be sent. Any order not picked up at designated time will be donated to persons in need. NO refund will be given.
9. Your Email address, Home Address, Home Phone, and Cell number is required so we can contact you about orders, updated availability of new products, specials, and buying club news.
10. Membership may be suspended or terminated at any time due to misuse or abuse of these Terms and Conditions. Please limit use of Single Family Membership to one household only.
11. You must be a member to participate in Food-N-Family buying club. Membership runs January – December.
12. All shipping and handling fees incurred for each order, administration costs, and set up costs are paid by Food-N-Family (with the exception of Azure Standard and Vlieger Family Farm).
13. By signing this Membership application, you agree to all terms and conditions.

I have read and accepted the above policies and procedures.

Signature _____ Date _____

Membership Approved by _____ Date: _____ Paid _____