

Cornerstone Health Team Food & Family Buying Club Renewal

\$10.00 Membership
January 2021 – December 2021

This form may be used by Food & Family Buying Club members who have previously completed a Membership Form in 2020 and are looking to RENEW in 2021.

Date: _____ Member's Name: _____

Member's Signature: _____

Information on my previous application is still accurate and current. YES NO - please indicate any changes to email address or phone numbers here: _____

Please send \$10 payment to:

Cornerstone Health Team;
5455 90th Ave SE; St Cloud MN 56304

We appreciate payment by January 25th, 2021

<i>Office Use Only (1/21)</i>	<i>Member's check number, date & amount:</i> _____, _____ & _____
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