



woman's co-op

Member Application

Mission Statement - The Woman's Co-op is women helping women work together to improve their lives through life management skills, education and employment opportunities.

Vision Statement - Women succeeding in all aspects of their lives; cooperating to build a stronger community.

Membership

Woman's Co-op is a gathering of women working together to build stronger families and a stable community in which to raise them. Membership is based on the share concept, each member sharing their resources for the success of the Co-op and all of its members.

Membership Requirements

- Attend a social hour the second Sunday of each month to fellowship with membership
- Volunteer a minimum of four hours a month for Woman's Co-op and your community.
- Participate in Co-op functions.
- Attend required Life Enrichment Classes, held every third Monday at 1:00.
- Cooperate with outside agency involvement such as Department of Human Services, Children's Services or Offices of the Court and Probation or other you may be involved with.
- Actively pursue a personal goal plan agreed upon by you and a member of staff.

Membership Advantages

- Networking Meetings – A chance to network with other women in your community and to discuss community happenings and services.
- Needs Fund – A small monetary fund that can be accessed by members for financial support for a member that is in compliance with all membership requirements. You must have been a member for a least 30 days.
- Employment and Training Program - Find opportunities for training and employment.
- Co-op Store – Earn Co-op dollars for working, attending school, and volunteer time. Co-op Dollars that are earned can be used at the Co-op Store which is open every Monday from 12p.m.to 4 p.m.



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Name _____ Date _____

Address _____

City / State/ Zip _____

Phone _____ Email Address _____

DOB _____ Social Security Number _____

Preferred method of contact: _____ Phone _____ Email _____ Mail _____

Marital Status Married _____ Single _____ Divorced _____ Other _____

Ethnic Background

African American _____ Caucasian _____ Hispanic _____ Native American _____ Other _____

Have you previously been a member of Woman's Co-op? _____ Yes _____ No

Tell us about your present situation. _____

Do you have any immediate needs? (Food, shelter, clothing, household items) _____

Do you receive or have you applied to any other agencies for assistance? _____



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What are your current goals? _____

Do you work or attend school? _____ If so where? _____

Individuals in Household

| Name | Relationship to you | Birth date | Work / School (where) |
|------|---------------------|------------|-----------------------|
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Signature: _____

Reviewed by (Co-op Staff): _____ Date: _____