

# Cooperative Grocers' Information Network Membership Application

*Note: Applications for membership must be approved by CGIN before your account can be activated. You will receive an email from us within two business days regarding the status of your application.*

PLEASE PRINT

## 1. Type of CGIN member (check one):

- retail member (*available to retail food co-ops that are members in good standing of the NCGA or NCBA*)
- associate member (*available to wholesales, suppliers, organizations and individual professionals working with cooperatives*)

## 2. Member information

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NAME OF CO-OP OR ORGANIZATION

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ADDRESS

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CITY STATE/PROVINCE POSTAL CODE

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CONTACT PERSON OR INDIVIDUAL MEMBER NAME

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PHONE

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E-MAIL

## 3. CGIN listserv: The contact person from each member must be subscribed to the listserv.

- The above e-mail address is NOT YET SUBSCRIBED to the CGIN listserv.
- The above e-mail address is ALREADY SUBSCRIBED to the CGIN listserv.

*For instructions on subscribing to the CGIN listserv see <http://www.cgin.coop/listservs/basic>*

## 4. Account set up and password

*Please be precise — capital and small letters will be used as written*

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LOGIN NAME

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PASSWORD

## 5. Eligibility: We are eligible to be a CGIN retail member, based on our membership of: check the following organization(s) that apply

- National Cooperative Business Association.
- National Cooperative Grocers Association.

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**6. Payment**

Print this form and send with check made payable to CGIN, to:  
Cooperative Grocers' Information Network, c/o Bella Waters, P.O. Box 399, Arcata, CA 95518

- Retail Basic member annual dues: \$350
- Retail Enhanced member annual dues: \$500
- Associate member (organization) annual dues: \$650
- Associate member (individual) annual dues: \$300
- Enhanced Associate Sponsor member (organization) \$900

**7. How did you hear about CGIN (select all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Followed link from another website  | <input type="checkbox"/> CCMA                                |
| <input type="checkbox"/> Word of mouth                       | <input type="checkbox"/> Read about it in newspaper/magazine |
| <input type="checkbox"/> Found by using a search engine      | <input type="checkbox"/> Don't remember                      |
| <input type="checkbox"/> Co-op Directory Listing publication | <input type="checkbox"/> Other: _____                        |

**8. Member Agreement**

On behalf of \_\_\_\_\_ *(name of organization or individual applying for membership)* I certify that this organization or individual is eligible to join the Cooperative Grocers' Information Network.

With this application, this organization agrees to abide by the bylaws and policies of CGIN, by decisions made at board and membership meetings, to support and uphold the purpose of the organization, to keep CGIN apprised of a current email and mailing address for the organization, and to pay CGIN the dues and fees set for all materials taken from CGIN sites.

We agree that materials obtained from the CGIN site will only be used for the benefit of the CGIN member organization or individual.

We agree to hold CGIN harmless for the use of materials gained through CGIN; we will consult our own legal or other professionals regarding use of materials obtained from the CGIN website.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME OF SIGNER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

*Questions about this form? Call CGIN at 866/709-2667 x CGIN (2446) or email [admin@cgin.coop](mailto:admin@cgin.coop)*

**Mail this completed form with check made payable to CGIN, to:**

*Cooperative Grocers' Information Network, c/o Bella Waters, P.O. Box 399, Arcata, CA 95518*