



Membership Application and Contract

Name: _____

Home/Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Driver's License Number: _____

Birth Date: _____ DL Expiration Date: _____

How did you hear about us?

- Straight from United
- Convention, Expo, Fair or Business Card posting
- Internet , if so where Green People United Search Other website link
- Friend/ Word of Mouth, if so from who? _____ Are they a Member? Y/N

I am submitting payment for:

\$65.00 FULL Membership

\$35.00 Limited Membership: **Circle One**

United Peaceful Pastures/Meat Global/Produce Frontier/Herbs Live Oak/Dairy

\$25.00 Full Renewal Fee

\$15.00 Limited Renewal Fee : **Circle One**

United Peaceful Pastures/Meat Global/Produce Frontier/Herbs Live Oak/Dairy

Terms of Membership

By signing below I certify the above information is true and accurate. I understand that I may use a personal check for payment and I am responsible for a charge of \$25 and associated bank fees for any check submitted with insufficient funds. I also understand my ordering privileges will be suspended for an indeterminate amount of time if I submit a check with insufficient funds.

Additionally, I understand that if I choose to use Pay Pal for my ordering transactions I am responsible for any fees associated with the transaction.

I understand that I will be buying products from a catalog/webpage and/or other list of items and that I will not be able to inspect samples of before I place my orders. I also understand that I will receive 15% off all NON-SALES items in the United Catalog, but that I also must pay a 5% co-op fee on all of my orders. I also understand that all items purchased through the United Catalog are subject to their rules of guarantee and exchange found in the front portion of the catalog, Jax Natural Foods does not imply any guarantees nor warrants any products purchased through this buying club.

I am also aware that I am responsible to check my e-mail account frequently around delivery times for all updates to delivery times, jobs and waves. I also understand that if I do not have access to my e-mail that I am responsible for calling one of the coordinators in order to receive instructions. If I fail to be at the delivery location at my appointed time I may be put on probation and after 2 times I may be asked to leave the buying club.

Further, I understand that the buying club is a cooperative effort and I must be available at the specified pick-up location to collect my items as well as participate in the associated “work” it takes to unload and sort the group order each month. If I fail to participate with such “work” an additional non-working fee will be charged to my account. If I decide to be a non-work I **must** notify the Delivery Coordinator Valerie Walmsley, **before** the close of the United order that I will be a non-worker. If I fail to give proper notification these fees will be **doubled!** The non-working fee schedule is as follows:

Amount of order	Non-workers Fee
\$0-\$100	\$10.00
\$100-\$200	\$15.00
\$200-\$300	\$20.00
\$300-\$400	\$25.00
\$400 +	\$30.00

If I am a non-worker I am still responsible for picking up of my order at the church before the end of delivery day. If I can not pick up the items myself, I will make arrangements with someone I know to pick up my items. If my items are not retrieved before all the coordinators leave then my items will be taken to one of the coordinators homes and I will be **asses a \$10 Per Day** transportation and storage fee until my items are picked up. These fees must be paid before I may be allowed to place another order.

I also understand that if I fail to pick up my produce or dairy order before the time indicated in the Membership Manual, JNF can not guarantee the freshness of my order and I will be assessed a **\$10 Per Day storage fee**. This fee will be capped at 3 days and my order will be forfeited at this time and storage fees will still be assessed to my account. These fees must be paid before I will be allowed to place another order.

Finally, I understand this membership entails a one-time membership fee of \$65 (full member) or \$35 (limited member) which is non-refundable. I also understand that this membership requires an annual membership fee of \$25(full member) or \$15 (limited member) (which is also non-refundable and not to be pro-rated) due on January 1st of each following year. If my membership starts **on or after October 1st** of any given year, my following January 1st membership fee will be waived. This membership also allows me to place bulk orders with other affiliate distributors of Jax Natural Foods and the membership fees associated with those suppliers may be higher than 5%. **All fees set forth in this agreement are subject to change.**

MEMBER'S RIGHT TO CANCEL

If you wish to cancel this contract, you may cancel by delivering or mailing a written notice to Jax Natural Foods within 3 business days after signing this agreement. To prove that you canceled, it is recommended that you send the notice by certified mail. The notice shall state that you do not wish to be bound by the contract and shall be delivered or mailed before 12 midnight of the third business day after you sign this contract. The notice shall be delivered or mailed to: (Jax Natural Foods, P.O. Box 351735 Jacksonville, Florida 32235). If you cancel, Jax Natural Foods will return, within 10 days of the date on which you give notice of cancellation, a total refund. It is recommended that you mail the notice of cancellation by certified mail, return receipt requested; check with your post office as to the time when you will be able to mail a certified letter. Be sure to keep a photocopy of the notice of cancellation which you mail.

LIABILITY WAIVER

I agree not to hold Jax Natural Foods, any of its coordinators or members, or the Jacksonville Church of the Brethren liable for any injury or illness that I or my family members may incur through my participation in any part of the buying club experience. I also affirm that I am participating in this buying club of my own free will and understand that there is a possibility of injury or illness while participating in this buying club.

____ I have read and understand this contract and the Membership Manual.

Name: _____ Date: _____

Mail Application and Payment to:

Jax Natural Foods
P.O. Box 351735
Jacksonville, Florida 32235

www.jaxnaturalfoods.com
info@jaxnaturalfoods.com

Please keep a Copy of this Contract for your records!