

Contact Information (please print)

First	MI	Last		
Mailing Address		City	State	Zip
Preferred Phone # ()		Email Address		

Preferred Method of Contact *[You'll receive a qualification notice within 3 weeks of application and a reminder letter 30 days prior to your FLOWER discount expiration]*

Select One: US Mail **OR** Email *[If you're joining GreenStar through FLOWER and prefer email, please note that we'll need to send the new Member Packet via US mail; all future correspondence will be sent via email]*

GreenStar Member # (if applicable): _____

Please indicate your current GreenStar Membership status (check one):

- I'm a current **FLOWER** participant reapplying for the program.
- I was a **FLOWER** participant, but am not currently.
- I'm a current member-owner whose membership is up to date.
- I am or was a member-owner, but my membership is not up to date.
- I've never been a GreenStar member-owner*

Confidentiality & Privacy:

Your information will be used for co-op membership and the FLOWER program only. Your information is confidential, and will not be sold to marketers

Eligibility Requirements are listed on the back of this form. To apply, bring a completed application, one qualifying document and photo ID to the Customer Service representative at any GreenStar store location.

Terms of Participation in FLOWER:

- The 13% FLOWER discount is valid for one year and needs to be reapplied for yearly.
- Neither the discount nor GreenStar membership may be shared with another adult, including a spouse or partner. Doing so violates GreenStar Co-op's Standards of Conduct, which could result in the loss of my membership.
- There are no retroactive discounts if your GreenStar membership or FLOWER discount expires.
- GreenStar membership payments need to be up to date to be eligible for member benefits, including the FLOWER discount.
- BASICS items, Co-op Deals and Owner Deals sales items don't receive any discount. Sushi, Alcohol, Milk, Butter, Eggs and all unrefrigerated bread (*except Tribeca bread*) also don't receive any discount.
- It may take up to two weeks for my FLOWER application to be processed.

I have read and understand the above Terms of Participation in FLOWER. I understand that failure to comply with these terms will result in deactivation of the FLOWER discount.

Signature: _____ **Date:** _____

GreenStar Co-op is committed to being an inclusive organization free from discrimination. We seek out and welcome people from diverse communities to participate in a community-owned cooperative business structure.

Store Use Only:

Date Received: _____ Qualifying Doc verified*: Photo ID verified: Staff Initials: _____

*HFFA applicants only: Qualifying documents are sent directly to Membership. Staff only need to verify photo ID.



Eligibility Documentation → Please bring the following:

- (1) the qualifying document for **ONE** of the programs listed below **AND**
- (2) one form of photo ID (for example, Drivers License, Sheriff's ID, EBT Card, Student ID, Passport, etc.).

All qualifying documents must state the applicant's name, unless otherwise specified in the chart below.

Program	Qualifying Document
SNAP	<p>One of the following:</p> <ul style="list-style-type: none"> • Current EBT Card in applicant's name & Grocery Receipt dated within 1 month of application that shows EBT was used, OR • Current Budget Sheet, OR • Current Legal Notice of Eligibility (<i>showing qualification period or dated within 6 months of FLW app</i>)
TANF Cash Assistance	<p>One of the following:</p> <ul style="list-style-type: none"> • Current EBT Card in applicant's name & Grocery Receipt dated within 1 month of application, OR • Current Budget Sheet, OR • Current Legal Notice of Eligibility (<i>showing qualification period or dated within 6 months of FLW app</i>)
WIC	WIC Card and Current Active WIC Check (note: both required.) <i>Individuals who are listed as proxies can also apply.</i>
Medicaid	<p>One of the following:</p> <ul style="list-style-type: none"> • State-issued Medicaid Benefits Card, OR • Insurance Card that states Medicaid, OR • Current Awards Letter (<i>FLOWER application date must be within one year from date of awards letter</i>)
Free School Lunch	<ul style="list-style-type: none"> • Qualification Letter (Reduced School Lunch does not qualify) - <i>The parent not indicated as the addressee may use the letter to qualify provided the name of the legal dependent is included in the letter</i>
Healthy Food for All	<ul style="list-style-type: none"> • Qualification Letter
SSI	<ul style="list-style-type: none"> • Current Awards Letter
Pell Grant	<ul style="list-style-type: none"> • Current Year Awards Letter OR Financial Aid Summary form (<i>with Pell Grant indicated</i>)

GreenStar Co-op Locations & Website

West End	DeWitt	Collegetown	Website
701 W. Buffalo St Ithaca, NY 14850	215 N. Cayuga St Ithaca, NY 14850	307 College Ave Ithaca, NY 14850	www.greenstar.coop https://greenstar.coop/flower/

If you have any questions, please ask for GreenStar Co-op's **Membership Department** in the store **OR**
Phone: (607) 273-2507 ext. 234 **Email:** membership@greenstar.coop

Membership Department Use Only:

<p>Reviewed By: _____</p> <p>Member #: _____</p> <p>Valid Date: _____</p> <p>Membership Status Upon Applying:</p> <p><input type="checkbox"/> Current</p> <p><input type="checkbox"/> Expired</p> <p><input type="checkbox"/> NonMember</p> <p>If Expired:</p> <p><input type="checkbox"/> Renewed Upon Applying</p> <p><input type="checkbox"/> Didn't Renew Upon Applying</p>	<p>Approval Status:</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Approved pending Renewal</p> <p><input type="checkbox"/> Not Approved</p> <p>Participation Status:</p> <p>Date Discount Applied: _____</p> <p>Date Discount Expires: _____</p> <p>Reminder Letter Due: _____</p> <p>Eligibility Letter Sent: _____</p> <p>Mailing Preference:</p> <p><input type="checkbox"/> US Mail <input type="checkbox"/> Email</p>	<p>Processing Status:</p> <p><input type="checkbox"/> SMS Completed</p> <p><input type="checkbox"/> Approval Letter Sent/Given</p> <p><input type="checkbox"/> If New to G* Gave Nw Mbr Bag or Coupon</p> <p><input type="checkbox"/> Participant Database Completed</p> <p>If New/Expired & Didn't Process in Person:</p> <p>Date Called Member: _____</p> <p>Reminder Letter Preparation:</p> <p>Current Valid Date: _____</p> <p>Address Changed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For Reactivated Participants Only:</p> <p>Former Disc Exp Date was: _____</p>
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