FLOWER fresh, local, & organic within everyone's reach | APPLICATION

This application is for ONE person 18 years or older. (PLEASE PRINT CLEARLY)

First	MI	Last	Pronouns

Legal First, if different	MI	Legal Last, if different

Mailing Address	City	State	Zip

Preferred Phone #	Email Address*
( )	

**Providing your email address gives explicit permission for the Co-op to email you member-owner communications, such as reapplication and equity payment reminders, voting information, and changes to bylaws or member-owner benefits.*

Preferred Method of Contact: ☐ US Mail **OR** ☐ Email** (select one)

***If you're joining GreenStar through FLOWER you'll receive a Member Packet via US Mail; future correspondence will be sent via email*
A qualification notice is sent within 3 weeks of applying and a reminder letter 30 days prior to your FLOWER discount expiration

Do you want to receive your sale receipts via email? ☐ Yes

GreenStar Member # (if applicable): _____

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.

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

☐ I'm a current or former **FLOWER** participant reapplying for the program

☐ 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
Financial assistance for annual equity payments is available for FLOWER recipients;* ***please submit a Solidarity Membership Form**.*

☐ I've never been a GreenStar member-owner*
**If you qualify for FLOWER and have never been a member-owner, your first equity payment will be allocated from the Solidarity Fund.*

NEW! Double Up Food Bucks NY (DUFB) FLOWER participants who use SNAP to purchase fresh produce will be automatically enrolled in DUFB and earn a $1 for $1 match to buy fresh fruits and vegetables, up to $20 per day!* GreenStar membership and SNAP card must be used at time of purchase. Terms included below. **subject to change based on program funding*

Eligibility Requirements: See the back of this form for the complete list of documents required for qualification.

Terms of Participation in FLOWER and Double Up Food Bucks (DUFB):

1. GreenStar memberships are INDIVIDUAL memberships. Sharing a GreenStar membership, FLOWER discount, or DUFB points with another adult violates GreenStar's Standards of Conduct, and may result in the loss of membership.
2. GreenStar member-owner equity payments must be up to date to receive member-owner benefits, including the FLOWER discount. Solidarity Membership Funds are available to support equity payments, by request.
3. The 13% FLOWER discount is valid for one year and needs to be reapplied for yearly.
4. Co-op Deals, Owner Deals, Flash Sale items and Alcohol don't receive the FLOWER discount.
5. Retroactive discounts and DUFB points are not issued if the GreenStar membership or FLOWER discount expires.
6. DUFB points expire one year from issuance. Inactive accounts that haven't used DUFB in a year will be cleared of points.
7. It may take up to two weeks for your FLOWER application and DUFB enrollment 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.

FOR STAFF Use Only: **Qualifying Doc verified:** ☐ **Photo ID verified:** ☐

FLOWER Coupon Serial Number: _____ **Date Received:** _____ **Staff Initials:** _____

GREENSTAR FOOD CO+OP

Updated 1/2026

Eligibility Documentation → Please bring the following when turning in your FLOWER application:

1) the requested qualifying documents for **ONE** of the programs listed below **AND**
2) one form of 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 — For confidentiality, DO NOT circle or mark any information in this chart.
SNAP* ***automatically eligible for Double Up Food Bucks!***	**One** of the following: • Current EBT Card in applicant's name & Grocery Receipt dated within 3 months of application that shows EBT was used, **OR** • Current Budget Sheet, **OR** • Current Legal Notice of Eligibility (*showing qualification period or dated within 6 months of FLW app)*
TANF Cash Assistance	**One** of the following: • Current EBT Card in applicant's name & Grocery Receipt dated within 3 months of application, **OR** • Current Budget Sheet, **OR** • Current Legal Notice of Eligibility (*showing qualification period or dated within 6 months of FLW app)*
WIC ***Now accepted at the GreenStar 770 Cascadilla St. location!***	**One** of the following: • Current WIC Card & Grocery Receipt dated within 1 month of application, **OR** • Current NYWIC Shopping List, with your name and benefit dates showing, **OR** • Current Benefit statement screen on the WIC2GO app
Medicaid (***not Medicare***)	**TWO of the following:** • **Current Proof of Enrollment** or **Awards Letter** dated within one year of FLOWER application, **AND** • State-issued **Medicaid** Benefits Card **OR** Insurance Card that states **Medicaid** * **Current enrollment information and card may be viewable through applicant's Insurance Portal**
Free School Lunch (***not Reduced*** *School Lunch)*	• Qualification Letter - *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*
Healthy Food for All	• Qualification Letter or Email
Full Plate Farm Collective	• Subsidized CSA Qualification Letter or Email
Housing Choice Voucher (*Section 8)*	**One** of the following in the name of the Program Participant (**not** Owner or Landlord). Available upon request from Tompkins Community Action (TCA) or Ithaca Housing Authority: • Current Budget Letter **OR** • Current Rent Change Notice / Adjustment
SSI or SSDI (***not Social Security Retirement Benefits***)	• Supplemental Security Income or Social Security Disability Income Current Awards Letter • Social Security ***Retirement Benefits*** **DO NOT QUALIFY** - FLOWER is needs based, not age-based
Pell Grant	• Current Year Awards Letter ***OR*** Financial Aid Summary form *(with Pell Grant indicated)*
Unemployment	• Current Unemployment benefits documentation (*dated within 6 months of FLW app)*
Established FLOWER Community Partner	Completed FLOWER Community Partner Verification slip or email dated within 6 months of application, filled out by an established FLOWER Community Verification Partner. As of March 2025, established FLOWER Community Partners are: **IWR; OAR; Full Plate Farm Collective; DIA Outreach Workers**

QUESTIONS? ask for **Member-Owner Services:** ★ In store ★ **Phone:** (607) 273—9392 ★ **Email:** membership@greenstar.coop

Qualified Staff Use Only:

Reviewed by: _____

Member #: _____

Renewal Date: _____

FLOWER End Date: _____

Membership Status Upon Applying:

☐ Current

☐ Expired [☐ Renewed upon Applying]

☐ New to Co-op

FLOWER Contact Preference:

☐ Unchanged

☐ Changed to US Mail

☐ Changed to Email

☐ Email address updated

Activation Status:

Date Discount Applied: _____

New FLOWER End Date: _____

Member-Owner Services Only:

Processing Status:

☐ New Member #: _____ ____

☐ Contact Info Updated

☐ Approval Email Sent _____

☐ Approval USPS Sent _____

Other Notes: