



WORKING MEMBER OVERVIEW AND APPLICATION

WHAT IS A WORKING MEMBER?

Working members are member-owners of the Stevens Point Area Co-op. As a type of membership available to the general public, working members dedicate two hours of their time per week, three weeks per month and receive a 25% discount on all purchases, with an additional 5% discount on special orders of one case or more. Working members must remain active, both in communication and participation, and must represent the Co-op as a member-owner in a way that reflects the Statement of Purpose in order to remain in the program.

HOW DO I BECOME A WORKING MEMBER?

- Complete a working member application online, or turn a paper copy into Co-op staff.
- Attend an information session with a Working Member Coordinator.
- Within one week of attending the information session, new working members will be provided with assignment options..
- After assignment is agreed upon, working members are provided a point-of-contact and will have a more in-depth introduction to being a working member during their first scheduled time slot, at which time the working membership will become active.

WORKING MEMBER INFO SESSIONS

Information sessions are scheduled directly with the Working Member Coordinator. The Working Member Coordinator will contact you within a week of submitting your application.

WORKING MEMBER COORDINATOR CONTACT INFORMATION

For application submission, comments, and/or questions about working membership, please email workingmember@spacoop.com or call the store at: 715-341-1555 during business hours and ask for a Working Member Coordinator.

***NOTE: The Stevens Point Area Co-op reserves the right to decline Working Member applicants to the program based on the needs of the business or at the discretion of the working member coordinators.**

APPLICATION

(To complete application process, please return completed application to the Co-op or email to Workingmember@spacoop.com)

NAME

DATE OF BIRTH

First

Last

Working Members must be 18+.

PRONOUNS

NICKNAME

ADDRESS

#

Street

Apt. #

City

Zip

CONTACT INFORMATION

Phone Number

Email Address

EMERGENCY CONTACT

Name

Relation

Phone Number

1. Briefly tell us why you would like to be a working member of the Co-op.

2. Working Member assignments are based on current needs of the Co-op. What are your areas of interest? (Circle all that apply): *produce * bulk bagging * stocking grocery * light cleaning * heavy cleaning * outreach events * health/beauty * freezer * dairy * herbs and spices * communication * bookkeeping * building maintenance * product research *
Other: _____

3. What is your availability (Please include time of day/hours) ?

Store Hours: 9am-8pm

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

** Some tasks may require being on your feet for up to three hours, climbing ladders, and/or lifting up to 50 pounds. Please let us know if you prefer not to do these tasks, as your safety is our top priority.**

I affirm that the information provided on this application is true to the best of my knowledge.

Signature

Date

(To complete application process, please return completed application to the Co-op or email to Workingmember@spacoop.com)