

Benton Community Food & Service Co-Op 109 E Smith St, PO Box 298, Oxford, IN 47971 765-385-0207

Member Application (Must be 18 years of age or over to apply)

Name:		
Address:		
City:		Zip:
Phone:	Ethnic Background:	
# In Household:	Age(s):	
Employer:	Position: _	
Church Affiliation:		
Previous Experience/Skills:		
If members prefer, they can wo		nmunity partners. Upon payment or
Veteran:	On WIC:	SNAP:
Over age 70:	Energy Assistant:	Medicaid:
	Phone: Date:	
Signature.		Dutc.
Staff:	Date:	Approved:

Our mission is to encourage individuals to be a part of their own journey to self-sufficiency.