



Primary Cardholder: _____
First Last

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Primary Contact's Driver's License Number: _____

Last 4-Digits Credit Card Number: _____ Expiration Date: _____

Spouse or Partner's Name: _____
First Last

How did you hear about the market? _____

What interests you most about purchasing your meat through a membership market? _____

I understand that this membership opportunity is based on trust and that as a member of the self-serve meat market I will honor the following guidelines.

- I will always ensure that the doors to the freezers are closed after removing meat and the door to the facility is closed when leaving.
- I will ensure that I properly check out using the scanner and pay for the meat before leaving the facility.
- I will make sure that I leave the facility as I found it and if I find something is not clean or something is not right I will contact the owners.
- If it is learned that something was not properly paid for by accident I will work immediately with the owners to correct the issue.

Signature

Date