

**You must be a Kitsap Community Food Coop Member-Owner to participate in FLOWER. (PLEASE PRINT)**

First	MI	Last	Your Pronouns	
Legal First, if different	MI	Legal Last, if different	Preferred Phone #	
Mailing Address		City	State	Zip
Email Address*		Preferred Method of Contact ( <i>select one</i> ) <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Phone		
		Do you want to receive your sales receipts via email? <input type="checkbox"/> Yes		

- I am a Member-Owner whose membership is current
- I am or was a Member-Owner, but my membership is not up to date.
- I am not a Member-Owner of KCFC but would like to join.\*  
*\*Being a Member-Owner is required to participate in FLOWER. We offer several different accessible payment plan options, ask a staff member for more details.*

**Your Confidentiality & Privacy**  
Your information will be used for the FLOWER program only. We do not keep copies of any of your eligibility documents. Your info is confidential and will not be sold or shared to any third parties.

**FLOWER Eligibility Requirements:** See the back of this form for details.

**KCFC FLOWER PROGRAM – TERMS OF PARTICIPATION**

- The 10% FLOWER discount is valid for one year and requires a yearly reapplication process.
- Neither the discount or KCFC membership may be shared outside your household (authorized household members or your children under 18).
- There are no retroactive discounts if your KCFC membership or FLOWER discount expires.
- KCFC Member-Owner payments need to be kept current to be eligible for Member-Owner benefits, including the FLOWER discount.
- FLOWER discount applies only to regularly priced items.
- It may take up to one week for your FLOWER application to be processed.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**KCFC STAFF USE ONLY**

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_  Photo ID Verified  Qualifying Document Verified

Reviewed by \_\_\_\_\_ Approval Status:  Approved  Approved Renewal  Not Approved

FLOWER Coupon Serial # \_\_\_\_\_ KCFC Member # \_\_\_\_\_ Date Valid \_\_\_\_\_

<b>KCFC Member-Owner Status:</b>	<b>FLOWER Participation Status:</b>	<b>FLOWER Processing Status:</b>
<input type="checkbox"/> Current	Discount Start Date _____	<input type="checkbox"/> Membership Status Current
<input type="checkbox"/> Expired	Discount Expiration _____	<input type="checkbox"/> FLOWER Approval Letter Sent
<input type="checkbox"/> Not a Member-Owner ( <i>assign w/ application</i> )	Renewal Reminder _____	<input type="checkbox"/> FLOWER Database Entry
<input type="checkbox"/> Contact Info Updates	<b>Reactivated Participants Only</b> - Previous Discount Expiration _____	

**KCFC FLOWER Eligibility Requirements** → Submit all of the following items to the Member Coordinator at KCFC.

1. A completed KCFC FLOWER Application.
2. A copy of one Qualifying Document from One of the programs listed below.
3. A copy of one form of photo ID (*for example: Driver's License, Passport, State ID card, EBT Card, Student ID, etc.*)

**All Qualifying Documents must state the applicant's name unless specified in the chart below.**

Program	Qualifying Documents - for confidentiality, please don't circle or mark any information in this chart.
<b>SNAP</b>	<b>One</b> of the following: <ul style="list-style-type: none"><li>• Current EBT Card in applicant's name and a grocery receipt dated within one month of this FLOWER application that shows EBT was used, <b>OR</b></li><li>• Current Budget Sheet, <b>OR</b></li><li>• Current Legal Notice of Eligibility (<i>showing qualification period or dated within 6 months of FLOWER application</i>)</li></ul>
<b>TANF Cash Assistance</b>	<b>One</b> of the following: <ul style="list-style-type: none"><li>• Current EBT Card in applicant's name and a grocery receipt dated within one month of this FLOWER application that shows EBT was used, <b>OR</b></li><li>• Current Budget Sheet, <b>OR</b></li><li>• Current Legal Notice of Eligibility (<i>showing qualification period or dated within 6 months of FLOWER application</i>)</li></ul>
<b>WIC</b>	<b>One</b> of the following: <ul style="list-style-type: none"><li>• Current WIC Card and a grocery receipt dated within one month of this FLOWER application, <b>OR</b></li><li>• Current Benefit statement screen on the WIC2GO app.</li></ul>
<b>SSI or SSDI</b>	<ul style="list-style-type: none"><li>• Current Awards Letter</li></ul>

***Kitsap Community Food 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.***

### Questions or Concerns?

Reach out to the Membership Coordinator at 360-813-1301 or [members@kitsapfood.coop](mailto:members@kitsapfood.coop)

