



COOK COUNTY WHOLE FOODS CO-OP

Owner Information Update Form

Owner #: _____

Designated Voter's Name: First: _____ Last: _____

Names of Household Members: _____

Business Name (if applying for a business account): _____

Permanent Mailing Address: *this is legally required for elections and owner notices.*

Mailing Address: _____

City: _____ **State/Province:** _____ **Zip /Postal Code:** _____

Phone #:() _____ **Email:** _____

I prefer to receive my Blueberry Jam Newsletter by: *please check one option.*

Email: _____ **Pick-up in store:** _____ **Postal Service:** _____

Designated Voter Signature: _____ **Date:** _____

Mail completed form to:

Cook County Whole Foods Co-op | PO Box 813 | Grand Marais, MN 55604