



**ASHLAND  
FOOD CO+OP**

EST. 1972

## Application for Low Income Senior Discount or Disability Discount

Please read carefully, check the box that applies to you, and complete application below to apply.

- I am a **Low Income Senior\* principal\*\* owner** and would experience economic hardship if I did not receive a senior discount. I wish to apply for the 5% senior discount benefit (currently every day before 11am and all day on Wednesdays and Sundays).
- I am a **Disabled\* principal\*\* owner** receiving disability benefits such as Social Security Disability, SSI, Veterans, or State Disability benefits and I would like to apply for the 5% discount on my purchases (currently discount is active all 7 days of the week).  
**Please enclose proof of disability benefits with this application**

\*65 years of age or older

\*\*If you need to change the principal owner in your household to receive the discount, please complete an **Application to Change Principal Owner**, available at the Information Desk, and send it with this form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Printed Name \_\_\_\_\_ Owner # \_\_\_\_\_

Drop off application to the Information Desk or Mail to:

ATTN: Owner Services  
Ashland Food Co-op  
237 N. First St.  
Ashland, OR 97520

**Please allow up to 14 days  
for processing.**