



**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.**