



MEMBERSHIP WITHDRAWAL REQUEST

Moonflower Community Cooperative

39 E 100 N, Moab, UT 84532 • 435-259-5712 • www.moonflower.coop

Today's date: _____

Member last name: _____ First name: _____

Member number: _____

I hereby withdraw from membership in the Moonflower Community Co-op.

I request that:

Moonflower Co-op KEEP, as a donation* from me, the \$_____ I paid.

and/or

Moonflower Co-op REFUND to me the \$_____ I paid.

I am withdrawing because:

We are always interested to know why member/owners withdraw from the Co-op. We trust that you have enjoyed shopping at Moonflower Co-op and are leaving as a satisfied customer. If there was some product or service you were unhappy with, we would like to know so we can improve and fix the situation.

I am moving

Other (please specify) _____

Signature: _____

Phone number: _____

Forwarding address (we must have your forwarding address to send your refund):

City: _____ State: _____ Zip: _____

* Moonflower Community Co-op is not a non-profit organization and therefore any donation is not tax deductible.

-----OFFICE USE-----	
Date received: _____	Check number: _____
Office withdrawal date: _____	Date of check: _____