



Member-Owner Name
Membership Number
Daytime Telephone
Email Address

By **August 10, 2008**, please return your completed questionnaire and photograph to Info Central or mail it to:

Central Co-op's Madison Market
Attention: Caple Melton
1600 East Madison
Seattle, Washington 98122

Member-Owner Profile Questionnaire

When and why did you join Central Co-op's Madison Market?

What does being a member-owner mean to you?

About You

What do you value?

How do you live?

Who or what inspires you?

What do you do?

What brings you joy?

What else do you want to share?

What are your favorite foods or co-op products?

Tell us a co-op story or something fascinating about you.

The Fine Print

I, _____ (please print your name), do hereby give Central Co-op's Madison Market and their assigns, licensees, and legal representatives the irrevocable right to use my picture, portrait, or photograph, and my member-owner profile questionnaire in all forms of media, and in all manner, including electronic media and/or composite representations, for advertising, trade, or any lawful purposes, and I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith.

I am 18 or older. I have read this release, and I am fully familiar with its contents.

Signature _____

Date _____

Please note: The editor reserves the right to edit written content for length. As well, libelous submissions will not be published.