



**STATEMENT OF SUPPORT
AND RECOMMENDATION**

It is our pleasure to recommend _____ for membership into Cooperative Grocer Network (CGN).

We have had direct interaction and have reviewed their application and can attest that they meet the requirements stated in the CGN bylaws of being a retail or consumer food co-op which is incorporated as a cooperative corporation, or having bylaws that meet the definitions of cooperative contained in the International Co-operative Alliance Statement on the Co-operative Identity:

“A co-operative is an autonomous association of persons united voluntarily to meet their common economic, social, and cultural needs and aspirations through a jointly owned and democratically controlled enterprise.”

Name _____ Position _____

Co-op organization _____

Email _____ Phone _____

Send completed statement of support and recommendation to:

**Cooperative Grocer Network
P.O Box 8399
Bloomington IN 47407**

or email to: admin@grocer.coop

Questions about this application?

Call us at 812-269-6483 or email admin@cooperativegrocer.coop.