



VALLEYVIEW

# Member Relations

## APPLICATION FOR RETAIL STORE DISCOUNT

Due to the numerous organizations and clubs requesting funding or support from Valleyview Co-op, this form will be used to facilitate and organize the distribution of retail store discounts. Valleyview Co-op will continue to support groups who actively support the Co-op. We kindly request two (2) weeks to process your application.

DATE OF APPLICATION:

NAME OF GROUP:

GROUP ADDRESS AND EMAIL

PRIMARY CONTACT PERSON AND PHONE NUMBER:

SECONDARY CONTACT PERSON AND PHONE NUMBER:

DESCRIPTION OF SERVICE PROVIDED:

DECLARATION: AS A REPRESENTATIVE OF THE ABOVE MENTIONED GROUP WE AGREE THAT OUR 10% DISCOUNT WILL ONLY BE USED TO PURCHASE ITEMS INTENDED FOR USE DIRECTLY RELATED TO OUR ORGANIZATION OR AN EVENT BEING HELD BY OUR ORGANIZATION. ANY MISUSE OR MISREPRESENTATION COULD LEAD TO THE DISCONTINUATION OF OUR DISCOUNT. WE UNDERSTAND THAT OUR 10% DISCOUNT WILL BE APPLIED AS A QUARTERLY CREDIT ON OUR CHARGE ACCOUNT HELD WITH VALLEYVIEW CO-OP. \_\_\_\_\_  
Initial

DOES YOUR ORGANIZATION HAVE A CURRENT CHARGE ACCOUNT WITH VALLEYVIEW CO-OP? PLEASE PROVIDE NUMBER:  YES  NO

DO YOU HAVE SOCIAL MEDIA:  YES  NO DO YOU FOLLOW @VALLEYVIEW.COOP?:  YES  NO

SIGNATURE: DATE:

DATE APPROVED	FOR OFFICE USE ONLY	GL CODE
CONTACTED		COMMENTS