HAWK Community Service Cooperative Membership Form

**Rights as a member of the HAWK co-operative:**

**As a member of the HAWK Co-operative, I can:**

* Have one vote at general and other co-op meetings and receive proper notice of meetings.
* Serve on a committee or run for a position on the board of directors.
* Participate in the co-operative’s operations and governance.
* Raise concerns or issues I identify with the co-operative.
* Receive information about the co-operative’s financial status and other important processes or decision (e.g. resolutions).

**Responsibilities as a member of the co-operative:**

**As a member of the HAWK Co-operative, I have a responsibility to:**

* Participate in the governance of the co-operative through attendance of general meeting, voting on decisions, asking questions, and participating on boards and committees.
* Support the mission, vision, and goals of the co-operative & adhere to the policies and procedures of the co-operative set out in the organizational documents.
* Support the co-operative’s operations by using its services and contributing to the delivery of services and/or support the co-operative through financial contribution.

**Obligations of the HAWK Co-operative to members:**

**As a member of the HAWK Co-operative, I understand that the co-operative is obligated to:**

* Provide notice of meetings and information on ways that I can participate in the co-operative’s governance
* Conduct business, through the board or staff, that is in the best interest of the co-operative and its members.
* Use my financial contribution or my dedicated hours of volunteering effectively and responsibly.

**Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand the rights and responsibilities of membership in the HAWK Co-operative and agree to them. I agree to buy a membership with a value of $X\_\_\_ \_\_\_\_ or volunteer X\_\_\_\_hours. \_\_\_\_\_ (Please initial)

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Or best way to contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please fill out this Membership Form and send it to** [**info@thehawkprinciple.com**](mailto:info@thehawkprinciple.com) **with the title line “Membership”.**

**If you do not have access to email, please let us know and we will provide the copy for you. Thank you!**