**Olympia Food Co-op**

**Discount Advisory Council**

**Member-at-Large Application**

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

**Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever utilized a discount membership? YES NO**

**Which discounts have you utilized at the Co-op?**

**Purpose:**

**Discount Advisory Council Members:**

**3-4 Staff members**

**1-2 Board members**

**6-8 Members at Large**

**Advocacy groups in the Olympia Area**

**Questionaire:**

1. **Describe any experience you have working in groups, especially involving facilitating the communication between an organization and its community. (Including your resume would be appreciated but not required.)**
2. **Why would you like to be a part of the Discount Advisory Council?**
3. **This group typically meets once a month for 2 hours. Other commitments include communicating via email and working on projects for an average commitment of 3 hours or more as needed per month. Are you able to make this volunteer commitment? (NOTE: You will earn working member credit or discount on purchases at the Co-op for time spent on the Discount Advisory Council)**

**Are you available weekdays Mornings, Evenings for meetings? Are there any times or days that WILL NOT work for you?**

Deadline for submission is December 15, 2015. Please email your completed application form to discounttaskforce@gmail.com OR drop off at either store location with attention to Member Relations.