



natural foods market & deli

# 2019 Community Discount Program

Community members who are experiencing financial hardship or are paying for groceries with SNAP or WIC funding may be eligible for a 10% community discount. Simply fill out this form to be considered for this discount.

Name\* Member Number\* (n/a if none)

Mailing Address\* (address, city, state, zip)

E-mail\* Phone\*

### Criteria for Consideration (please check one)\*

- My family uses SNAP benefits.
- My family is WIC eligible.
- My family is experiencing financial hardship. *Please describe below.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*All questions must be answered for the application to be considered complete.**

- If my application is approved for the Community Discount Program, I understand that **I may not share my Community Discount Program card with anyone** outside of my household. If I do, I will no longer be eligible to participate in the program.
- Discount applies to all purchases in store with the exception of gift card purchases.
- I understand that I must reapply yearly for the discount.

Applicant Signature\* Date

Staff Member Approval

Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Card Number: \_\_\_\_\_