2026 Full-Year Membership Form

Annual Single Family $25

(Checks payable to: Cornerstone Health Team, 5455 90th Ave SE, St. Cloud MN 56304)

Name: _____

Address: _____

Phone: _____ Cell/Text: _____

Email: _____

How did you hear about Food & Family? Cornerstone Event Website Other Referral_____

Membership Policies and Procedures

1. Orders are due at 11:59pm on the due date. - **NO EXCEPTIONS!**
2. **Please refer to our emails and text messages for individual order dates and order process.**
3. Shipping fees are charged as follows on all orders except for Azure Standard:
   - Orders of $1 - $50 = $5 handling
   - Orders of $51 - $150 = $10 handling
   - Orders of $151 and up = $15 handling
4. Once you receive an invoice from the Cornerstone Health Team you can make the choice to pay via check/cash at the time of delivery or in advance via credit/debit card online. ***Check or Cash are the preferred payment methods*.**
5. If products are unavailable, you will receive credit on your next order.
6. Complete cases must be ordered where applicable.
7. There are NO returns or exchange of products.
8. You will be responsible for bringing your own boxes, bags, and coolers with ice for your grocery packaging.
9. The condition of produce and all food items are the risk of each individual member.
10. All orders must be picked up at the scheduled pick-up time. You must make your personal arrangements to have your order picked up ahead of time. Delivery times may vary. Any order not picked up will be donated to people in need and no refund will be given.
11. Your email and home address, along with your home and cell phone numbers are required so we can contact you with order and product availability updates, delivery schedule, and buying club news.
12. You must sign and agree to these membership policies to complete your membership application.
13. Membership may be revoked at any time due to misuse or abuse. ***Please limit the use of Single-Family Membership to one household only.***
14. You must be a member to participate in the Food & Family buying club and your membership runs from January-December.

I have read and accepted the above policies and procedures.

Signature _____Date _____

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Membership Approved by _____ Date: _____ Paid _____

Rev Jan 26