



www.southphillyfoodcoop.org

## Shop South Philly Registration Form

Please return completed sheet to [shopsouthphilly@southphillyfoodcoop.org](mailto:shopsouthphilly@southphillyfoodcoop.org) or fax to 215-933-3318

Business Name: \_\_\_\_\_  
(As you would like it to appear online and in communications)

Business Description: \_\_\_\_\_  
(As you would like it to appear online and in communications)

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

Business Address: \_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ Alt. Number: \_ (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### **SPFC Member Offer/Benefit Description:**

\_\_\_\_\_ % Discount on \_\_\_\_\_

Limitations to offer (if applicable): \_\_\_\_\_  
(such as minimum spending limit, certain days, reservations, etc.)

2 for 1 discount on \_\_\_\_\_

Limitations to offer (if applicable): \_\_\_\_\_  
(such as minimum spending limit, certain days, reservations, etc.)

Other discount \_\_\_\_\_

Limitations to offer (if applicable): \_\_\_\_\_  
(such as minimum spending limit, certain days, reservations, etc.)

I understand that by signing this form, \_\_\_\_\_ (BusinessName) \_\_\_\_\_  
agrees to participate in the Shop South Philly program. Either the co-op or the participating business has  
the right to discontinue the SPFC member benefit/discount with 30 days notice.

\_\_\_\_\_  
(Owner/Manager Signature)

\_\_\_\_\_  
(Date)