



CoHo Ecovillage • 1975 SE Crystal Lake Dr #242 • Corvallis, OR 97333

## What Is Our "Friends of CoHo" Program?

Friends of CoHo are people who want to support and have social contact with our community but for various reasons are not living on site. Friends of CoHo may also be considering becoming Owner Members or Associate Members in the future and want to get to know our community.

## Responsibilities of Friends of CoHo

1. Abide by CoHo agreements, bylaws, policies, and consensus decisions.
2. Become familiar with Nonviolent Communication (NVC). Friends can request the introductory brochure from Membership Team for an overview of NVC. Friends also can attend a CoHo NVC class on a space-available basis.
3. Contribute workshare hours to the community (6 hrs annually encouraged).
4. Pay annual dues of \$25 per household\*.
5. Optional: If desired, join the meal program, and make an annual Sustenance maintenance payment of \$24-\$48\* per adult (based on ability to pay). Note: This fee is separate from the cost of the meals you choose to attend.

## Rights of Friends of CoHo

1. Participate in some community activities.
2. Be included on the CoHoSocial email list and have access to parts of internal website.
3. Join CoHo meal program (sign up for meals, volunteer for work shifts, and make additional payment to be on meal software).
4. Be assigned a Buddy – a resident of CoHo who would be your personal contact to learn more about our community.

Questions regarding specific activities and access are to be directed to Neighbors Team.

## Membership Steps to Become a Friend of CoHo

1. Read CoHo Vision & Values and Purpose Statement.
2. Complete Friends of CoHo Application Form and enclose your annual dues payment of \$25 per household.
3. Submit a bio to be shared with the community.
4. If joining CoHo meal program, submit the annual payment per adult to Neighbors Team.

\* For additional flexibility on annual dues and annual meal payment amounts, contact the Neighbors Team.



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## Friends of CoHo Membership Application

Include names of all household members applying to be Friends of CoHo:

Name (please print)

Signature

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Yes, I (we) are interested in joining the meal program      \_\_\_\_\_ No, not at this time

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

*Enclose your check payable to CoHoTopia and send with this completed form to the address above.*