



P. O. Box 70084
Fort Bragg, North Carolina 28307

ACCOUNT #

MEMBERSHIP CONTRACT

Bylaws, Appendix A

- 1) I certify I am a current military ID cardholder (active duty, retiree, DOD civilian, active duty reservist, active duty national guardsman, and/or a dependent of same) who is in possession of a current military ID card and is 18 years or older.
- 2) I understand that this membership allows me to utilize the consignment option as long as I remain a member in good standing. A member in good standing:
 - 1) Agrees to follow the guidelines established for the operation & management of the BNB.
 - 2) Has no unpaid accounts in the BNB accounting office.
- 3) I understand that this membership shall expire on the last day of December of each year and that to continue exercising the consignment option I must renew my membership by completing a new contract.
- 4) I acknowledge that there is no initiation or renewal application fee charged.
- 5) _____ I understand that I may not establish a personal **resale business within the BNB or appearance thereof**. Proof of these suspicions will revoke consignment privileges permanently.

6) I understand that payout checks are only good for 180 days, & it is my responsibility to pick up my check(s) or leave a self-addressed stamped envelope(s) to mail my check(s) to me. **I ACCEPT & AGREE THAT NO EFFORTS WILL BE MADE TO CONTACT ME** to claim this money. I also understand & agree that any unclaimed payout checks will be voided, and the monies are donated to the Thrift Shop.

- 7) I acknowledge receipt of a copy of Articles III through Article VIII of the Standard Operating Procedures of The Bragg 'N Barn Thrift Shop. **I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO READ, UNDERSTAND, AND ABIDE BY THESE RULES/POLICIES and that it is recommended that I read this information PRIOR TO MAKING ANY CONSIGNMENT.** I also agree to abide by any future rules/policies or changes made to existing policies that have been posted 30 days prior to implementation.

PLEASE CLEARLY PRINT ALL INFORMATION BELOW:

Member's (Consignor's) Name	Sponsor's Name
Address	Duty Station
City / Zip Code	Home Phone / Work Phone
Email Address	X Member's Signature

INITIAL HERE : _____ **I DON'T WANT ANY REMOVED ITEMS RETURNED TO ME.**

To be completed by BNB representative:

Signature of BNB Representative	Date Application Accepted
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