



Salish Sea Cooperative Finance

Member Application

Personal Information

First Name: _____ Last Name: _____

Primary Organization/Business Affiliation: _____ Job Title: _____

Contact Information

Primary Phone: _____

Personal Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Interest in SSCoFi

Are you looking to? (Check all that apply)

- Refinance an existing student loan Contribute capital (invest)

How else might you want to engage with SSCoFi? (Check all that apply)

- Volunteer Mentorship
 Participate in events Donate

Connections

Do you know any current co-op members? If so, please list them.

Tell us a little more about you...

What's your relationship to student debt/the debt crisis?

What skills, knowledge, or interests are you excited to bring to the SSCoFi community?

Is there anything else you want us to know?
