

# Co-op Connections

## Business Interest Form



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*Please send info to my business about joining the free Co-op Connections program from your local cooperative.*

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Business Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Contact Info Email and Phone: \_\_\_\_\_

*Once complete, please email to [linda.perry@ekpc.coop](mailto:linda.perry@ekpc.coop), and someone will reach out to you. Thank you!*