

Membership Application



Membership Type

Invested: \$0 to join and \$150 capital investment per individual.

Member Information

Name:

Birth Date (MM/DD/YYYY):

Email:

Phone:

Account Information

Mailing Address:

City:

State:

Zip:

Membership Agreement

- I certify that the above information is complete and correct.
- I agree to pay the amount selected above, and if a Joining Member, will fulfill the remaining investment requirement as I am able.
- I will maintain valid addresses (both physical and electronic) on file with the Co-op, and understand that if I fail to do so, my capital investment will be considered a donation to the Co-op after a period of 2 years of inactivity.
- I acknowledge my voting rights within the Co-op, and understand that voting by proxy is strictly prohibited.
- I will abide by the policies and bylaws of the Co-op, and understand that they are subject to change through processes enumerated therein.

Signature:

Date:

Who Referred You:

Office Use Only

Payment Method:

Date: