



Membership Application

Membership Type

Invested: \$15 one-time fee and \$85 capital investment per person

Single: **\$100** Couple: **\$185** Co-op/Non-Profit: **\$185**

Joining: \$15 one-time fee and \$10 starting capital investment per person.

Single: **\$25** Couple: **\$35**

Member Information - PLEASE PRINT CLEARLY

Name: _____ Birthdate: _____

Email: _____ P h o n e : _____

Second Member Information

Name: _____ Birthdate: _____

Email: _____ P h o n e : _____

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: _____

Please complete the application, enclose payment, and mail to:

Black Star Co-op
7020 Easy Wind Dr
Suite 100
Austin, TX 78752

OFFICE USE ONLY

Payment Method

Notes

Paid

Date: _____

Cash Check Credit Card Paypal