



# MEMBER-OWNER APPLICATION

PO BOX 633, HANOVER, NH 03755 | 603-643-2667

Please Print:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

## MEMBERSHIP PERMISSIONS

I give permission for the following adult member(s) of my household to be issued a Co-op membership card bearing my member number. I understand that I am responsible for all use of the card(s), including participation in member benefits:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Which type of membership card would you like?  Wallet Size  Key Tag

Would you like to get updates by email on specials, recall alerts, news and classes?  Yes  No

What made you decide to become a member?  Ownership of a Cooperative Business  Local Foods  Discounts

Sustainability Initiatives  Classes  Other: \_\_\_\_\_

## PURCHASE OF SHARES OF CAPITAL STOCK

**Please Note:** Membership in the Co-op requires ownership of ten (10) shares of stock. Only members are eligible for membership privileges, including voting and member benefits. If you purchase fewer than ten shares at the time of enrollment, you will be a "subscriber" and will not be eligible for membership privileges until you own ten shares. The Co-op's bylaws require all subscribers to reach membership status within three (3) years of application for membership. If a subscriber does not own the required ten shares within three years of enrollment, the Co-op will close the application for membership and retain the value of any shares held by the subscriber.

### CHECK ONE:

Full Membership: \$50 paid for ten shares of stock

Zero Investment: I request that the Co-op purchase ten (10) shares of stock at a value of \$50 from my patronage refunds. I understand the above notice regarding Co-op membership.

Transfer/Amendment: Shares transferred from another membership account or an amendment to the original account.

I apply for membership in the Hanover Consumer Cooperative Society subject to the provisions of the Co-op bylaws (of which I can access on the Co-op's website) and agree to the Co-op's distribution of patronage refunds as described.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please see the back of this application for a required notice by the Internal Revenue Code.

FOR MEMBER SERVICES USE ONLY: MEMBER #: \_\_\_\_\_ LEBANON HANOVER WHITE RIVER

AMOUNT PAID: \$50 \$0 AMENDMENT ENROLLED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

RECORDED BY: \_\_\_\_\_ CERTIFICATE #: \_\_\_\_\_ DATE: \_\_\_\_\_