

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 that such stock must be acquired within three (3) years of the date of this application or the Co-op will close my membership application and retain the value of the shares so purchased. I have the option to purchase the necessary stock at any time within the next three years. I understand that I am not a member and do not have member benefits until I own ten shares.
- Transfer:** Shares transferred from another membership account.

I apply for membership in the Hanover consumer Cooperative Society subject to the provisions of the Co-op bylaws (of which I have received a copy) and agree to the Co-op's distribution of patronage refunds as described.

.Signature _____ Date _____

The following notice is required by the Internal Revenue Code. It does NOT change the fact that the Co-op distributes patronage refunds by issuing checks to its members.

IMPORTANT NOTICE

Please be advised that by becoming a member of the Cooperative, you are consenting, pursuant to the Internal Revenue Code, to the following:

THAT THE AMOUNT OF ANY DISTRIBUTIONS TO YOU FROM THE COOPERATIVE WITH RESPECT TO YOUR PATRONAGE OCCURRING AFTER RECEIVING THIS NOTICE AND A COPY OF THE ABOVE-NOTED BYLAW WHICH ARE MADE IN THE FORM OF "WRITTEN NOTICES OF ALLOCATION" (AS DEFINED IN 26 USC 1388, SEE BELOW) WILL BE TAKEN INTO ACCOUNT BY YOU AT THEIR STATED DOLLAR AMOUNTS IN THE MANNER PROVIDED IN 36 USC S 1385 (A) IN THE TAXABLE YEAR IN WHICH SUCH WRITTEN NOTICES OF ALLOCATION ARE RECEIVED BY YOU.

A "written notice of allocation" is defined under 26 USC 1388 (i.e., Section 1388 of the Internal Revenue Code) as follows:

...the term "written notice of allocation" means any capital stock, revolving fund certificate, retain certificate, certificate of indebtedness, letter of advice, or other written notice, which discloses to the recipient the stated dollar amount allocated to him by the organization and the portion thereof, if any, which constitutes a patronage dividend.

PLEASE NOTE that as a matter of practice the Cooperative does not distribute Written Notices of Allocation to you to indicate your allocation of a "stated dollar amount" and patronage refund. Instead we issue checks which constitute your actual patronage refund.

However, should we ever distribute Written Notices of Allocation intentionally, or inadvertently as may be determined by the IRS, the above notice and your consent will allow the Cooperative and you to treat the Written Notice of Allocation for tax purposes in the same manner as we each currently treat the checks distributed as patronage refunds, subject (as always) to a change in the law.



Hanover Consumer Cooperative Society, Inc.

P.O. Box 633, Hanover, NH 03755 603-643-2667

Membership Application

It's easy to join the Co-op! Just bring this application and your payment to the Service Desk at one of the Co-op Food Stores, or mail both to the address above.

Please Print:

First Name _____ Last Name _____

Mailing Address: _____

City: _____ State: _____ ZIP _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-Mail Address: _____

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 Both

Would you like to get updates by email on specials, recall alerts, news, and classes?

- Yes No

For Office Use Only: Member # _____ Lebanon Hanover White River

Amount Paid: \$50.00 \$0 Transfer/paperwork

Enrolled by _____ Date _____ Recorded by _____ Certificate # _____ Date _____