

MEMBER-OWNER APPLICATION

Name _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone (home) _____ Cell _____

Other household members who may use your membership number

Full equity is reached at \$150 and is an investment of one share in Wolfeboro Community Food Cooperative. This not an annual fee. The member who signs this agreement is the person who will have voting rights in the cooperative.

Send payment(s) to: Wolfeboro Community Food Co-op, P.O. Box 565, Wolfeboro, NH 03894

General release and waiver of liability: All funds governed by this agreement are subject to risks inherent in any business enterprise and such risks may result in the loss of part or all such funds.

The Board of Directors shall keep a record of all membership shares sold and shall provide an accounting of such shares to any member upon written request.

I have read and agree to all the language in this agreement. I certify by my signature that I am at least 18 years of age and that all statements in this application are true, correct and complete.

Signature _____ Date _____

For Office Use Only

Amount paid _____ Check # _____

Date Received _____ Received by _____

Membership confirmation date _____ Date Membership card sent _____

WOLFEBORO COMMUNITY FOOD CO-OP
P.O. Box 565, Wolfeboro, NH 03894