

Shareholder Application

Instructions

1. Complete, sign, and return this application.
2. Make payment in store or by mail with application to Shareholder Services. We will give you a copy of your application for your records when we process your payment. Benefits (except the right to vote) begin right away.
3. You'll receive a new member packet in the mail, which includes your share certificate, membership card, pointer to the bylaws of our cooperative, and helpful information on making the most of your co-op benefits.

Other ways to join

Pay on time: Make payments towards your share on a schedule. When the full \$100 is paid, your ownership is effective.

Scholarship shares: A limited number are available for those unable to afford the cash investment. These are temporary shares and the recipient is expected to return them to the pool when they have the means to purchase a share for themselves.

Name of person applying for membership (please print). Joint applications are not permitted.

Street address Apt. #

City / State / Zip Code

Phone number: (____) ____-____

Email: _____
(required)

Your email is used only for important shareholder notifications. If you would also like to receive our bi-weekly e-newsletter, event notices, and special emails for deals and discounts, please check this box.

Payment must be made in our store. Please bring this form with the above filled out, to Customer Service to complete your share purchase.

Method of purchase (circle one):

FULL PAYMENT PARTIAL PAYMENT SCHOLARSHIP

Amount paid: \$ _____

Manager's OK (for scholarship): _____

Terms & Conditions

- I hereby apply to become an owner of the Abundance Cooperative Market and intend to purchase a share at \$100 per share. As a shareholder I agree to abide by the Bylaws of the Abundance Cooperative Market.
- I understand that financial return is limited to possible patronage dividends and savings from member discounts, and that if redemption of shares is allowed by the Board, redemption value may be less than purchase price.
- I understand that voting rights begin 30 days after acceptance of application.
- I understand that I must keep Abundance informed of any change of address. If my address of record is unreachable for more than three consecutive years, my ownership will be terminated and my shares donated to the cooperative, per Section 2.8 of the Bylaws.
- I certify that I am at least 18 years of age.

X _____
Signature Date

For office use:

Processed by _____ Date _____

Amount _____ Invoice # _____

Tender (circle one): cash check # _____ credit card

Sales Receipt # _____ Shareholder # _____

Share Certificate # _____

Date entered into Shareholder Records: _____