

USE ONLY:

APPLICANT INFORMATION

Membership Application

770 N High School Road Indianapolis, IN 46214 toll-free (800) 525-0272 phone (317) 745-4491

Thank you for your interest in becoming a member of Co-Alliance Cooperative, Inc.

Applicant hereby agrees to purchase stock in the above cooperative by payment of cash, and thereby to become a member in the cooperative. **One name per application please.** This application for membership is to be recorded and patronage allocation made in the name of:

Full Name ——		Date of	of Birth	$_{}$ SSN or I.D.# $_{-}$		
Mailing Address	3					
City/State/Zip				County		
Farm Location(s)				Phone		
Occupation (other than farming)				E-mail		
FARM INFO	ORMATION	Primary Co-Alliance Branch Se	erving You			
Acreage Owne	d	Acreage Rented	Years o	of Farming Experie	ence	
Head/Acres:		Landlord Contact				
Swine	Corn	CO-OP EXPERIEN	CES			
Cattle	Beans			Yes No		
Other	Other	Other Co-ops?				
		Accounts under what r	name(s)?			
		Accounts under what r	number(s)?			
of or with this coor as defined in Sect QUALIFICATIO (a) The members	pperative on and after to tion 1388 of the Interna- INS FOR MEMBERS of this cooperative shall	provided in section 1385 (a) of the In the date on which I become a member all Revenue Code. Please initial: Agriculture Agric	r of the cooperative ree n stock who are qua	e, that are made in "v Disagree ———————————————————————————————————	written notices of allocation"	
landlord or tenant by patronizing thi is a producer, has I hereby certify	s, shares or has an intere is co-op and acquiring an interest in the produ by that I meet the qu	or association who or which is a prost in the production of agricultural prost least one share of its voting commenction of agricultural products or is an allifications for membership in the of cooperative voting commence	educts, and any asso on stock, and may re association of such this cooperative,	ciation of such produ emain a member of producers and conti as set forth abov	icers may become a member this co-op so long as he or it nues to patronize this co-op. e, and submit herewith,	
		e of cooperative voting commo c, please anticipate that your ch		-		
Applicant Signa	ature		Date			
OFFICE	Rec'd \$					

Date of Board Approval

Certificate #_