



Membership Application

The undersigned, being eligible for membership in Innovative Ag Services Co. (IAS) hereby applies for membership in IAS and thereby agrees to the following conditions of membership:

1. To submit with this application, payment of \$25 payable to IAS and to pay the balance of the membership fee of \$275.00 within ten years from the date of this application by payment in cash or by application of any patronage dividends due me as an Innovative Ag Services member from the Cooperative.
2. To conform to all of the provisions of the Articles of Incorporation and the By-Laws of the Cooperative as same are now constituted or may from time to time be amended.
3. To give the IAS a lien on the membership certificate and any consideration paid thereof for any debts I may owe to the Cooperative.
4. That any membership certificate is not transferable and shall be surrendered to the Cooperative should I voluntarily or involuntarily cease to be a member and shall become void upon my death and that it may be revoked by the Directors of the Cooperative for failure to observe its By-Laws and any contractual obligations to the Cooperative.
5. That any surplus of money accumulated by the Cooperative shall be set aside annually in conformance with the Articles of Incorporation and a portion thereof returned to the members as a patronage dividend pro-rated on a uniform basis to each member as so declared by the Directors, as required by law and that the amount of any distribution with respect to patronage which are made in written notices of allocation (as defined in 26 U.S.C. 1388) and which are received from the Cooperative will be taken into account by me at their stated value in the manner provided in Sec. 26 U.S.C. 1385 (a) in the taxable year in which such written notices or allocations are received by me.
6. I certify that I am a farmer, engaged in the practice of production agriculture.

Please issue membership as follows: (please print)

Name _____

Street Address _____

City, State Zip _____

Date of Birth _____ Taxpayer SSN #/Fed ID # (Required for tax purposes) _____

Telephone _____ Cell _____ Fax _____

E-mail address _____

Signature _____ Date _____

If the Member is a Partnership or Corporation, please include the following:

Name of Shareholder	Taxpayer ID/SS#	Birth date	% of Ownership

Membership accepted by directors on: _____

Send Completed Application to: Innovative Ag Services Co., Attn: Membership, 2010 South Main St., Monticello, IA 52310