



Member-Owner Application Form

Household member name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ - _____ - _____

Email: _____

Were you referred by a current member? _____

Please select a member-owner equity share option:

- Equity payment in full, \$200
- Monthly installments, \$21 each for 10 months
- Quarterly installments, \$21 each for 2 ½ years

Payment by:

- Cash (in person only)
- Check, payable to Terre Foods Cooperative Market
- Credit Card: Terre Foods will send a PayPal Invoice that you can pay with a credit or debit card—you do not need a PayPal account to use this service

A copy of the by-laws of Terre Foods Cooperative Market may be found at www.terrefoods.org.

It is the member-owner's responsibility to provide Terre Foods with a current mailing address should the above information change.

As with any investment, your ownership share is subject to risk. If the Co-op is unsuccessful, the member-elected Board of Directors will determine distribution of remaining assets. Every effort will be made to refund the paid portion of your member-owner equity share.

Signature _____

Date _____

Please send this application along with payment to: Terre Foods Cooperative Market, P.O. Box 9254, Terre Haute, IN 47808.