



Becoming a Member Owner:

Name of Member _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone (home) _____ cell _____

First and last names of other household members who may use your membership number _____

Full equity is reached at \$200 and is an investment of one share of common stock in the BisMan Community Food Cooperative. This is NOT an annual fee. The member who signs this agreement is the person who will have voting rights in the cooperative.

_____ Full Investment \$200.00 (paid in full)

_____ Payment Plan \$50.00 down payment, with additional payments of \$50 every 3 months until the balance of \$200 is paid in full. Membership payments may be paid at any time but must be paid in full at the end of 1 year from the initial payment.

Checks can be made to 'Bisman Community Food Co-op' and payments can be mailed to: BisMan Community Food Co-op **711 E Sweet Ave. Bismarck, ND 58504**

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 have full mental capacity to enter into this agreement and that all statements in this application are true, correct, and complete.

Signature _____ Date _____

FOR OFFICE USE ONLY

Amount paid: _____ Cash Check or Credit Card Check number: _____

Date: _____ Received by: _____