



Member-Owner Application

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail _____ Phone _____

Please list any other household members living with you that are authorized to shop under your account

Initial payment amounts: \$50 Minimum Payment - \$50 paid monthly. Subsequent payments due monthly until equity of \$200 paid in full.

\$200 Full Payment - \$200 payment is for lifetime membership.

I understand that membership at BisMan Community Food Co-op is individual and my member number may only be used by me or other verified members of my household. Full equity is reached at \$200 and is an investment of one share of common stock in the BisMan Community Food Co-op. The member who signs is the person who will have voting rights in the cooperative. Payments must be current to receive member benefits.

Applicant Signature

Date

FE STAFF: New Member Number _____

Amount Received \$ _____ **Check** **Cash** **Credit Card**

Staff Initials _____