

[] SNF Gift Card
given for joining
under the Full
"Fair Share" plan.

Cashier: _____



Natural Foods Co-Op of San Luis Obispo
dba SLO Natural Foods

Equity Membership Application and Agreement

Date: _____

Share : _____

Fee: _____

Cashier: _____

Office use: _____

Name _____

First

Middle

Last

Home Phone _____ Work or Cell Phone: _____

Address _____

Street Address/PO Box

City _____ State _____ Zip Code _____

Email _____

Family Member in same household?

Name _____

First

Middle

Last

Check here if you DO NOT want to receive the Co-Op's monthly email newsletter.

Check here if you DO NOT want to receive the Co-Op's email marketing.

California Driver's License # _____ Birth Date (mm-dd-yy) ____ - ____ - ____

Have you signed up for equity membership here before? ____ Under what name? _____

By joining the Natural Foods Co-Op of SLO, Inc. (NFC) I understand and agree to the following:

◆ I have received a copy of the Co-op Disclosure Statement and I am joining subject to the terms and conditions of membership contained in the Articles of Incorporation, the By-laws and Amendments thereto, and any regulations enacted by the Board;

◆ I will acquire additional shares of stock in the Corporation as determined by the By-laws and any regulations enacted by the Board;

◆ Shares are refundable upon written request for withdrawal and approval by the Board;

◆ NFC Articles and By-laws are available (in print or by email) upon written request to Natural Foods Co-Op of San Luis Obispo, 2494 Victoria Ave., SLO CA 93401.

A minimum equity investment of \$25.00 plus a one time \$10.00 non-refundable processing fee must be remitted with this application. An additional investment of at least \$25.00 per year is required to retain shareholder privileges until the full "fair share" investment of \$300.00 has been made.

I elect the following investment plan:

Full "Fair Share." Upon payment of \$300.00, I will receive a \$30.00 gift certificate (new share holders only). If I withdraw within one year of joining, I understand I will be refunded only \$270.00 (\$300.00 less the \$30.00 gift certificate amount).

Annual Investment. After my initial \$25.00 investment, I agree to invest \$25.00 per year until I have paid my \$300.00 "Fair Share" equity investment.

Signature: _____ Date: _____

Optional Donation Statement: If at any time my membership is inactive for a continuous two year period, thus giving the Co-Op the right to terminate my membership (in accordance with the By-laws), and I haven't requested repayment of my shares, and I can't be located by the Co-Op at my address of record, the Co-Op has my permission to donate all money I've invested in shares to the Co-Op. **Initial here to agree:** _____

Membership # _____ Share Certificate# _____