

Co-op Application

Lost River Community Cooperative

MEMBERSHIP APPLICATION

Name _____ (legal member of record)

Street Address: _____

City: _____ State _____ Zip: _____

Phone (home/work/mobile) _____ Phone (home/work/mobile) _____

E-mail Address: _____

TERMS AND CONDITIONS

- I agree that only persons living in my household will use this membership.
- I certify that I am at least 18 years of age.
- I understand that the "Legal Member of Record" is the person to whom all official co-op mailings are addressed and to whom official voting rights accrue in all co-op elections.
- I understand that full rights of membership are granted upon full payment of the membership fee.
- I understand that as a member I am agreeing to support the mission and goals of the co-op and to abide by the provisions of the Articles of Incorporation, the Bylaws and policies of Lost River Community Co-op as they now exist or may from time to time be amended.
- I understand that this application for membership is subject to the approval of the Board of Directors and that my membership is subject to the Articles of Incorporation, the Bylaws and Policies of the Lost River Community Co-op.
- I agree to pay a one-time lifetime membership investment of \$90.00. I understand that this is refundable upon my terminating membership in good standing.

Signature: _____ Date: _____

Mail to: Lost River Community Co-op
112 W. Water St.
P.O. Box 505
Paoli, IN 47454

Sign up for our yahoo group discussions: <http://groups.yahoo.com/group/orangeco-op/>
Contact Steven Spurgeon for any questions: strahbale@yahoo.com

MEMBERSHIP NUMBER _____ AMOUNT PAID _____