



FREE RANGE FOOD CO-OP OWNERSHIP APPLICATION

PO Box 842, Grand Rapids, MN 55744 ● freerangefoodcoop@gmail.com ● freerangefood.coop

Primary Owner Name (please print clearly) _____

Add'l Adults in Household (name up to 2) _____

Street Address _____

City, State, Zip _____ Phone _____

Email _____

Other FRFC owners love to see our numbers grow! Can we welcome you by name as a new owner on social media (Facebook, Instagram, etc.)? yes! no, thank you.

Would you like to: receive newsletter serve on a committee learn about other volunteer opportunities

Are you a farmer or producer? yes no _____

What does a food co-op in our community mean to you? (optional) _____

I understand that my ownership is subject to the bylaws of Free Range Food Co-op.

A copy of the bylaws can be found at www.freerangefood.coop

Signature _____ Date _____

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

PAYMENT OPTIONS

If using a credit or debit card, an administrative fee of \$3.50 will be added to each transaction.

- Full payment of \$100
- \$50 payment now, then \$50 payment within two months. You will receive an invoice.
- \$25 payment now, then three more payments of \$25 made quarterly. You will receive an invoice.
- Other agreed upon payment terms _____

*****Receipts will be emailed out within 14 business days***

For office use only:

Method: cash check # _____ credit card Payment taken by _____

Receipt: filed _____ emailed _____ mailed _____ Owner number _____

Invoice: emailed _____ Owner card mailed _____

mailed _____

payment(s) received _____