

Membership Application

Kitsap Community Food Co-op Member-Owner Contract

Primary Member's Name:

(First) _____

(Last) _____

Full Names of Other Adults in Household (max 2):

Mailing Address, Including Zip Code:

Phone(s): home cell work () -

home cell work () -

Email: _____

Contact Preference:

Phone Email Mail

Exclude me from snail mail
(including newsletter)

Check one only:

	Minimum Investment	One-time Svc. Fee	Minimum Payment	Enclosed
<input type="checkbox"/> Full Share Investment	\$200	n/a	200	
<input type="checkbox"/> Annual Payment Plan (Next pmt due Jan. 31)	\$50	10	60	
<input type="checkbox"/> Semi-annual Payment Plan (Next pmt due Jan. 31 & July 31)	\$25	10	35	

Optional:

Additional Refundable Investment: 1/4 Shares

Total Enclosed

I have read and agree to abide by the provisions of the Member Contract on this form.

Signature

Date

Mem. No: _____ Pmt Type: _____

Contract terms available for download at
www.kitsapfoodcoop.org/Membership.html

I agree to become a member-owner of the Kitsap Community Food Co-op by purchasing a share with my investment of \$200. I agree to purchase my Full Share within four years of joining, paying at least \$50 per year. Regardless of joining date, annual payments are due on January 31; semi-annual payments on January 31 & July 31. I may complete my share payments at any time prior to the four years without penalty. Additional quarter-shares may also be purchased; these do not confer any additional power or privileges on the member-owner, but help strengthen the Co-op by increasing its member equity. Investments are refundable per Co-op policy.

I accept that I may not resign my member-owner status and my investment will not be eligible for a refund during a grace period that expires one year after the opening day of the store. After this grace period, the amount and timing of my refund will be dependent on the availability of replacement member equity. I accept the risk that, as with any investment, I may lose part or all of my investment if the Co-op does not succeed. I understand that my membership and all decisions related to it belongs exclusively to the Primary Member and that my membership is not transferrable.

Patronage Refunds will be issued after the end of a profitable fiscal year. In order to qualify for a Patronage Refund, the member-owner must have paid their Full Share (\$200), plus any applicable fees, by the end of the profitable fiscal year. The amount of the refund is proportionate to each member-

owner's total purchases during that fiscal year. Refunds are issued as certificates for store credit; checks are available upon written request per Co-op policy. Refund checks or certificates unused by November 1 of the year issued are considered unclaimed. Unclaimed Patronage Refunds shall revert to to the Co-op permanently.

My membership is considered inactive if I am delinquent in my share payments for 30 days or more. As an inactive member-owner, I do not receive member-owner benefits and may not take part in Co-op governance, including selection of Directors. When my investment is brought up to date, those benefits for which I am eligible will be restored. If I am inactive for six months without making further payment arrangements, my member-owner status may be terminated and any portion of my investment I have completed shall revert to the Co-op permanently.

I agree to keep my contact information up to date, and accept that if the Co-op is unable to contact me for two years, my member-owner status may be terminated, and my investment shall revert to the Co-op permanently.

By signing the application, I acknowledge that I have read and give my consent to these provisions of membership in the Kitsap Community Food Co-op.

**Make checks payable to
"Kitsap Community Food Co-op."**

Mail this form along with payment to:
Kitsap Community Food Co-op,
PO Box 662, Silverdale, WA 98383