



MEMBER- OWNER APPLICATION

Owner #		Staff Use Only	
Staff	Date / /		
Amount Paid			

REQUIRED FOR ALL TRANSACTIONS

Name (Please print- one name only)

First Name:

Last Name:

Street Address: _____

City: _____ State: _____

Zip:

Primary Phone () -

Alternate Phone () -

Yes, sign me up for Co-op email updates.

E-mail address:

Up to 2 additional adults in your household may use your member-owner number. Please list them here:

1. _____ 2. _____

SIGNATURE REQUIRED

I attest that the information provided by me on this application is true and accurate, and I have read the ownership conditions on the back.

Signature _____

Date _____

TERMS AND CONDITIONS

- I am applying for lifetime membership in Lexington Cooperative Market under the conditions and policies stated in the Articles of Incorporation and Bylaws of Lexington Cooperative Market. Those documents may change from time to time by action of the membership or the Board of Directors.
- I understand that a member-owner share must be in the name of one individual only; my name is printed on opposite side. The legal member owner of record will receive all official co-op mailings, is the official voting member-owner in all co-op elections, and receives any and all monies potentially disbursed, including patronage dividends and a refund of equity.
- I understand that other persons living in my household may use my membership card to shop at Lexington Cooperative Market, but this does not confer membership upon them.
- I certify that I am at least 18 years of age
- I understand my membership is not transferable.
- I understand that I may resign this membership at any time during my lifetime and that the membership account refund will be sent to me only, with board approval.
- I understand that this application for membership is subject to the approval of the Board of Directors.
- I understand that full rights of member-ownership are granted upon full payment. Payment is to be completed within 8 months of the date of record. If payment is not complete at that time my membership will become inactive and my rights and privileges of ownership will be suspended until full payment is made.
- I acknowledge that I have received a copy of the bylaws of the Cooperative including Article 8.3 which provides information regarding IRS tax treatment of dividends.