



TERRE FOODS
cooperative market

Member-Owner Application Form

Household member name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ - _____ - _____

Email: _____

Please select a member-owner equity share option:

- Equity payment in full, \$200, processing fee waived
- Monthly installments, \$20 each for 10 months, \$10 processing fee*
- Quarterly installments, \$20 each for 2 ½ years, \$10 processing fee*

*Processing fee due with first payment

Low income option available. For more details, please contact our membership committee at membership@terrefoods.org or contact a representative at our booth at the Farmer's Market.

Payment by:

- Cash (in person only)
- Check, payable to Terre Foods Cooperative Market
- Credit Card # _____ MC ___ VISA ___ Discover

Expiration ____ / ____ Signature _____

A copy of the by-laws of Terre Foods Cooperative Market may be found at www.terrefoods.org.

It is the member-owner's responsibility to provide Terre Foods with a current mailing address should the above information change.

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

Signature

Date _____

Please send this application along with payment to: Terre Foods Cooperative Market, P.O. Box 3043, Terre Haute, IN 47803.