



Membership Application

5250 E US Hwy 36
Building 1000
Avon, Indiana 46123
toll-free (800) 525-0272
phone (317) 745-4491
fax (317) 718-1850

Thank you for your interest in the partnership of Co-Alliance LLP.

Please indicate the partnering business serving you and pay cash or make your stock purchase check payable to:

Midland Co-op
IMPACT Cooperative

LaPorte County Co-op
Frontier Co-op

Excel Co-op

Applicant hereby agrees to purchase stock in the above cooperative by payment of cash, and thereby to become a member in the cooperative. **One name per application please.** This application for membership is to be recorded and patronage allocation made in the name of:

APPLICANT INFORMATION

Full Name _____ Date of Birth _____ SSN or I.D.# _____

Mailing Address _____

City/State/Zip _____ County _____

Farm Location(s) _____ Phone _____

Occupation (other than farming) _____ E-mail _____

FARM INFORMATION

Primary Co-Alliance Branch Serving You _____

Acreage Owned _____ Acreage Rented _____ Years of Farming Experience _____

Head/Acres:

Swine _____ Corn _____

Cattle _____ Beans _____

Other _____ Other _____

Landlord Contact _____

CO-OP EXPERIENCES

Do you currently patronize the Co-op? Yes No

Other Co-ops? _____

Accounts under what name(s)? _____

Accounts under what number(s)? _____

MEMBER (Common) AGREES:

If my application for membership in this cooperative is approved, I hereby consent to take into account at their stated dollar amounts in the taxable year received by me, and in the manner provided in section 1385 (a) of the Internal Revenue Code, any distribution with respect to my patronage of or with this cooperative on and after the date on which I become a member of the cooperative, that are made in "written notices of allocation" as defined in Section 1388 of the Internal Revenue Code. Please initial: Agree _____ Disagree _____

QUALIFICATIONS FOR MEMBERSHIP IN THIS COOPERATIVE:

(a) The members of this cooperative shall be the holders of its voting common stock who are qualified to hold same in accordance with the provisions of the Articles of Incorporation and of the Bylaws, and who patronize and cooperate with this co-op.

(b) Any person, partnership, corporation or association who or which is a producer of agricultural products, or who or which, by virtue of being a landlord or tenant, shares or has an interest in the production of agricultural products, and any association of such producers may become a member by patronizing this co-op and acquiring at least one share of its voting common stock, and may remain a member of this co-op so long as he or it is a producer, has an interest in the production of agricultural products or is an association of such producers and continues to patronize this co-op.

I hereby certify that I meet the qualifications for membership in this cooperative, as set forth above, and submit herewith, in payment in full for one (1) share of cooperative voting common stock to be issued in my name, the sum of \$5.00. Cash accepted. If you pay by check, please anticipate that your check will not clear until after the next board meeting.

Applicant Signature _____ Date _____

OFFICE USE ONLY:

Rec'd \$ _____ Patron # _____ Signed _____

Date _____ Certificate # _____ Date of Board Approval _____



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