



OWNER APPLICATION

PERSONAL INFORMATION

The legal name provided will be recorded as the official owner.

Full legal name		Preferred name
Email		Phone
Mailing address		
City	State	Zip

If other adults in your household desire the full rights of member-ownership, they may apply separately.

INVESTMENT PLAN

Choose one of the following. You will become an active owner with your first payment.

<input type="checkbox"/> Immediate:	Pay for your full equity share (\$200) investment today.
<input type="checkbox"/> Monthly:	Pay \$20 installment every month until your full equity share (\$200) is invested.*
<input type="checkbox"/> Quarterly:	Pay \$20 installment every three months until your full equity share (\$200) is invested.*
For installment plans, choose a future payment method: (Select one)	
<input type="checkbox"/> Automatic withdrawal from bank account	<input type="checkbox"/> Automatic payment from credit card
<input type="checkbox"/> Online credit card payments	<input type="checkbox"/> Checks mailed via via US Postal Service

*A one-time, non-refundable administrative fee of \$10 must be submitted with this application when enrolling in a payment plan.

COMMUNICATION PREFERENCES

Language(s)	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:
How would you prefer to receive official notifications for member-owners? (Select one)			
<input type="checkbox"/> Email	<input type="checkbox"/> US Mail	<input type="checkbox"/> Phone call	<input type="checkbox"/> Text message
How did you find out about Hillsboro Food Co-op? (Select all that apply)			
<input type="checkbox"/> Yard sign	<input type="checkbox"/> Facebook	<input type="checkbox"/> Presentation	<input type="checkbox"/> Farmers' Market booth
<input type="checkbox"/> Referral:	<input type="checkbox"/> Other:	<input type="checkbox"/> Community Event	

TERMS & CONDITIONS

Please read carefully, then sign and date below.

By completing this form and submitting a payment, I hereby elect to purchase an equity share (\$200) in the Hillsboro Food Co-op (HFC), a member-owned consumer cooperative corporation.

- I agree to support the mission and goals of HFC and to abide by the provisions of the Articles of Incorporation, Bylaws, and approved policies as they now exist or as they may be amended in the future.
- I understand that this application for ownership is subject to the approval of the Board of Directors.
- I understand that full rights of ownership are granted upon payment of the equity investment as it comes due and that owners behind on payments will be placed in an inactive status and will not be allowed to vote in HFC elections or receive other owner benefits.
- I understand that I will be the individual entitled to receive future patronage dividends as well as the right to vote in the affairs of HFC. Voting by proxy is not permitted.
- I verify that I am at least 18 years of age as of the signing of this application.
- I understand that shares are refundable or transferable at the discretion of the Board.
- I certify that all of the information provided on this application is correct.

Signature	Date
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FOR ADMINISTRATIVE USE ONLY			VERSION 201710
Date received	Amount received	Payment type	Received by