

OWNERSHIP APPLICATION



ALL FIELDS REQUIRED. PLEASE PRINT.

Designated Voter

First Name or Business Name

Last Name

Household Members

Permanent Mailing Address - *legally required for elections and owner notices.*

City, State

Zip Code

Email (required)

Phone - *including area code*

Designated Voter Signature

Date

I hereby subscribe for and intend to purchase ten (10) shares of class A Voting Common Stock in Cook County Whole Foods Co-op for \$12 (twelve dollars) per share.; such purchase is a one-time investment of \$120 (one-hundred twenty) that can be paid in full, or paid in quarterly installments of \$12 (twelve dollars) per quarter for ten (ten) quarters. This application is subject to the approval of the Co-op's Board of Directors. I understand and agree that ownership is subject to the Co-op's Bylaws, and consent to take into account any patronage dividend from the Co-op, in the manner and to the extent required by federal and state tax law. I also agree to opt-in to email communications from the Co-op and understand that while I can unsubscribe or change my preferences at any time, if I do so I may miss email notifications of sales, rebates, and newsletters.

For Co-op Staff Use

Date Paid _____

Amount Paid _____

Cashier Name _____

Owner #