



Augusta Cooperative Farm Bureau, Inc.

1205B Richmond Rd
Staunton, VA 24401

Member Application Form

As evidence of my interest in cooperative purchasing, I hereby make application to become a member of the Augusta Cooperative Farm Bureau, Inc. (the "Association").

I hereby consent and agree that the amount of any distributions with respect to patronage which are made in written notices of allocation (as defined in 26 U.S.C. 1988) and which are received from this Association, will be taken into account by him at their stated dollar amounts in the manner provided in 26 U.S.C. 1385(a) in the taxable year in which such written notices of allocation are received.

I hereby agree to comply with the provisions of the Association's Articles of Incorporation and Bylaws, as they are amended from time to time, copies of which have been furnished to me. I hereby certify that I am a bona fide producer of agricultural products, that I expect to have yearly sales of agricultural products in excess of \$1,500 (fifteen hundred dollars), and that I satisfy all requirements for membership as set forth in the Association's Bylaws.

1. _____
Name as Shown on Account (please print)
2. _____
Contact Name (please print) E-mail Address
3. _____
Physical Address (please print)
4. _____
Mailing Address (if different from physical address – please print)
5. _____
City, State, Zip code (please print) Telephone

Taxpayer identification Number

Enter the taxpayer identification number of employer identification number in the appropriate box. For most individuals, the taxpayer ID number is their social security number. **NOTE: The taxpayer ID number must correspond to the person or entity listed on line #1.**

SOCIAL SECURITY NUMBER

OR

EMPLOYER ID NUMBER

Certification – Under the penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Signature

Date

FOR OFFICE USE ONLY

The above described applicant is hereby accepted as a member of the Association by vote of the Association's Board of Directors.

Secretary

Date

Please return completed form to the co-op's mailing address listed above.