

**COASTAL ORGANICS COOPERATIVE, INC
APPLICATION FOR MEMBERSHIP**

This application must be completed in its entirety (use N/A if not applicable), dated and submitted with payment. A membership shall be held only by one natural person.

Name: _____

Physical Address: _____

Mailing Address: _____

City/Town, State: _____ Zip: _____

Phone: _____

Fax: _____

E-mail address: _____

Section 1.02 of the Cooperative's Bylaws require that a prospective member make full payment for 50 shares at a price of \$1.00 per share. The Bylaws also require that the **prospective member be a resident of California.**

Section 1.04 of the Cooperative's Bylaws requires that this Application be accepted unless rejected in writing within thirty (30) days for reasons satisfactory to the Board. If rejected, the person named herein will receive a full refund for the amounts paid for shares and the one-time membership fee.

ACKNOWLEDGEMENT

The above-named applicant acknowledges that she or he has received a copy of the Cooperative's Articles of Incorporation, Bylaws, Membership Disclosure Document, and a "receipt" for the required share amount. The applicant also confirms that he or she is a resident of California.

Signature of Prospective Member Date

Date this Application received by the Corporation: _____

Member number: _____

Amount of shares: _____

Cashier initials: _____