



Owner Application

Hendersonville Food Co-op, Inc.

Owner Equity Number

Please Print

Name: _____ Address: _____
(Legal Member of Record)

City: _____ State: _____ Zip: _____

Email: _____ Phone# (w/area code): _____

Rewrite Email: _____

2nd Adult on Membership: _____

Terms & Conditions

- I hereby subscribe for and intend to purchase a share for ownership at Hendersonville Community Co-op (HCC) at \$250 per share for a total equity requirement of 1 share.
- I understand that after I meet the current equity level of \$250, I will become fully vested.
- I understand that this application is subject to the Articles of Incorporation and the Bylaws of the association.
- I agree that only persons living in my household will use this ownership.
- I understand that if my ownership has been inactive for more than three years or if I fail to provide Hendersonville Community Co-op with my current address for more than three consecutive years, I will no longer be an owner of HCC, my ownership will be canceled and my shares shall be donated to the cooperative.
- I understand that the Legal Member of Record is the person to whom all co-op mailings are addressed, who is the official voting owner in all co-op elections, and who will receive any and all monies potentially disbursed, including patronage rebates and a refund of equity.
- I understand that all owners may terminate ownership and receive a refund of equity purchased by tendering their resignation in writing to the Board of Directors in accordance with HCC by-laws.

Signature: _____

Date: _____

Payment Options:

Owner equity is fully refundable at any time. Our current equity level is \$250. Equity is payable in increments of \$25 per year. Equity can be paid in full at any time and may be paid in any increment as long as the minimum of \$25 per year is met.

Personal Information Policy:

Any information collected through your ownership will only be used for co-op purposes. We do not share any information with any outside groups. If you provide us with an email address we will add you to our email list for co-op information and discounts. You may opt out at any time. We will not share your email address with anyone.

CASHIER USE ONLY:	
<input type="checkbox"/> New	<input type="checkbox"/> Existing

Application Date	

Membership Amt. Paid	

Received by	

Were you referred by a current owner? Name: _____

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