



**TERRE FOODS**  
*cooperative market*

***Member-Owner Application Form***

Household member name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Were you referred by a current member? \_\_\_\_\_

***Please select a member-owner equity share option:***

- Equity payment in full, \$200
- Monthly installments, \$21 each for 10 months
- Quarterly installments, \$21 each for 2 ½ years

***Payment by:***

- Cash (in person only)
- Check, payable to Terre Foods Cooperative Market
- Credit Card: Terre Foods will send a PayPal Invoice that you can pay with a credit or debit card—you do not need a PayPal account to use this service

A copy of the by-laws of Terre Foods Cooperative Market may be found at [www.terrefoods.org](http://www.terrefoods.org).

It is the member-owner's responsibility to provide Terre Foods with a current mailing address should the above information change.

As with any investment, your ownership share is subject to risk. If the Co-op is unsuccessful, the member-elected Board of Directors will determine distribution of remaining assets. Every effort will be made to refund the paid portion of your member-owner equity share.

***Signature*** \_\_\_\_\_

**Date** \_\_\_\_\_

Please send this application along with payment to: Terre Foods Cooperative Market, P.O. Box 9254, Terre Haute, IN 47808.