



P.O. Box 633, Hanover, NH 03755 603-643-2667

# Membership Application

It's easy to join the Co-op! Just bring this application and your payment to the Information Desk at one of the Co-op Food Stores, or mail both to the address above.

**Please Print:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

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

Home Phone: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Work Phone(s): ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Secondary Address (if applicable): \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Dates in residence at secondary address \_\_\_\_\_

Are you a Dartmouth Student? Yes  No  If yes, please give class: \_\_\_\_\_

Would you like to receive our free newsletter, the Co-op News? Yes  No

*We request the following information in order to maintain an accurate profile of our membership and to assist us in planning and providing products and services, which will meet the needs of our members. Any information you provide below will be kept confidential.*

1. Number of people in your household \_\_\_\_\_ 2. Age range **circle one**: 18-24 25-34 35-54 55+

3. How long have you lived in the Upper Valley? \_\_\_\_\_ 4. What town do you work in? \_\_\_\_\_

5. Please list town in which second adult member works? \_\_\_\_\_

6. How long have you been shopping at the Co-op prior to joining? **Circle one**:  
less than 6 months 1-2 years 3-5 years 6+ years

7. How did you find out about the Co-op? **Circle one**: Family Friends Location Newspaper Long Time Resident  
Radio Other (explain) \_\_\_\_\_

8. Why did you choose to join the Co-op? **Circle one**: Variety Service Quality Prices Patronage Refund  
Specialty Foods Convenient Location or \_\_\_\_\_ Department

<b>For Office Use Only:</b> Member # _____		<input type="checkbox"/> Lebanon	<input type="checkbox"/> Hanover	<input type="checkbox"/> Quick Entry
Amount Paid _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Signature Letter
<input type="checkbox"/> Transfer from _____	<input type="checkbox"/> Shares to be issued _____	<input type="checkbox"/> Date to be issued _____		
Enrolled by _____	Date _____	Recorded by _____	Certificate # _____	

## PURCHASE OF SHARES OF CAPITAL STOCK

**Please Note:** Any person or organization may become a member of the Co-op by purchasing three shares of stock. Where two people own shares as joint tenants, they must own at least six shares of stock. All members are eligible to vote. Purchase of a total of 10 shares of stock is required for full membership privileges. If you do not purchase shares at the time of enrollment, you will become a Co-op member only when sufficient shares have been purchased through application of your patronage refunds. This means that voting privileges and eligibility of certain Co-op benefits will be delayed until the refund has been announced and shares have been issued in your name. Please read the Co-op's bylaws regarding your rights and obligations as a Co-op member.

### CHECK ONE:

- Full Membership:** \$50 paid for ten shares of stock
- Patronage Refund Deduction:** I (we) request that the Co-op deduct \$50 for the purchase of ten shares of stock from my (our) patronage refunds.
- Combination:** \$15 paid for three shares of stock, with the balance of \$35 for seven shares of stock to be deducted from my (our) patronage refunds.
- Transfer Membership:** Change my membership according to the instruction on the reverse side.

I (we) apply for membership in the Hanover Consumer Cooperative Society subject to the provisions of the Co-op Bylaws (of which I have received a copy) and agree to the Co-op's distribution of patronage refunds as described below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*The following notice is required by the Internal Revenue Code. It does NOT change the fact that the Co-op distributes patronage refunds by issuing checks to its members.*

### IMPORTANT NOTICE

Please be advised that by becoming a member of the Cooperative, you are consenting, pursuant to the Internal Revenue Code, to the following:

THAT THE AMOUNT OF ANY DISTRIBUTIONS TO YOU FROM THE COOPERATIVE WITH RESPECT TO YOUR PATRONAGE OCCURRING AFTER RECEIVING THIS NOTICE AND A COPY OF THE ABOVE-NOTED BYLAW WHICH ARE MADE IN THE FORM OF "WRITTEN NOTICES OF ALLOCATION" (AS DEFINED IN 36 USC S 1388, SEE BELOW) WILL BE TAKEN INTO ACCOUNT BY YOU AT THEIR STATED DOLLAR AMOUNTS IN THE MANNER PROVIDED IN 36 USC S 1385 (A) IN THE TAXABLE YEAR IN WHICH SUCH WRITTEN NOTICES OF ALLOCATION ARE RECEIVED BY YOU.

A "written notice of allocation" is defined under 26 USE S 1388 (i.e., Section 1388 of the Internal Revenue Code) as follows:

...the term "written notice of allocation" means any capital stock, revolving fund certificate, retain certificate, certificate of indebtedness, letter of advice, or other written notice, which discloses to the recipient the stated dollar amount allocated to him by the organization and the portion thereof, if any, which constitutes a patronage dividend.

PLEASE NOTE that as a matter of practice the Cooperative does not distribute Written Notices of Allocation to you to indicate your allocation of a "stated dollar amount" and patronage refund. Instead we issue checks which constitute your actual patronage refund.

However, should we ever distribute Written Notices of Allocation intentionally, or inadvertently as may be determined by the IRS, the above notice and your consent will allow the Cooperative and you to treat the Written Notice of Allocation for tax purposes in the same manner as we each currently treat the checks distributed as patronage refunds, subject (as always) to a change in the law.