

## First Cooperative Association

Corporate Office • P.O. Box 60 • Cherokee, IA 51012 Phone 712-225-5400 • Fax 712-225-5493

## APPLICATION FOR MEMBERSHIP Corporate OR Individual Membership

TO THE BOARD OF DIRECTORS: I hereby apply for membership in your cooperative. I understand that if this application is accepted I will be bound by the Articles of Incorporation and Bylaws of the cooperative, including the following section of the Articles of Incorporation:

Tax Consent, Each member consents to take into account as taxable income the dollar amount of any written notice of allocation in the year the written notice is received unless the written notice states that the member is not required to take the amount stated in the written notice into income that year. A 'written notice' is a notice of the issuance of Preferred Stock or a similar notice which tells the member the dollar amount allocated to the member by the cooperative as a patronage dividend. Each member makes this consent by the act of becoming a member or continuing as a member.

The undersigned hereby applies for membership, and hereby subscribes for one share of:

Class A Common Stock, of the par value of \$100.00. (producer of agricultural products)						
• Class B Common Stock, of the par value of \$25.00. (non producer)						
and hereby pays in full, the sum of \$100.00 o	<b>97</b> \$25.00 on said subscription.					
Name of Applicant	Social Security # / Federal Tax Identification					
Spouse	Date of Birth					
Address	Phone Number					
City State Zip	Secondary Number					
E-Mail address	Cell Phone Number					
(2) that I am not subject to backup withholding eit	r shown on this form is my correct taxpayer identification number and ther because I have not been notified that I am subject to backupest of dividends, or the Internal Revenue Service has notified me that I					
Dated Si	igned					



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## CERTIFICATION BY ORGANIZATIONAL MEMBER

(Also Complete the Application for Membership Form)

TO THE BOARD OF DIRECTORS:				
Type of Organization (check one):	Corporation	Partnership	Estate	Trust
Beneficial Owners:				O
Name of Corporation Owners	<u>S.S. #</u>	Date	e of Birth*	Ownership <u>Percentage</u>
				%
				%
				%
				%
				%
				%
				%
Must Total 100%	>			%
<b>Voting Owner:</b> Until further notice, the focooperative meetings (this person cannot v			d to vote for the	is organizational member at
Dated	Name of I	Member		
	By			
	Title			

<sup>\*</sup>Only required the first time a beneficial owner is certified.