



# 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 or  \$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		

*Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest of dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.*

Dated	Signed
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### Locations at

Alta Aurelia Battle Creek Cherokee Cleghorn Galva Granville Holstein Hospers Ida Grove Kingsley Larrabee  
Laurens Linn Grove Marathon Marcus Mill Creek Paullina Peterson Schaller Sioux Rapids Webb



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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:**

<u>Name of Corporation Owners</u>	<u>S.S. #</u>	<u>Date of Birth*</u>	<u>Ownership Percentage</u>
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
<b>Must Total 100%</b> ----->			_____ %

**Voting Owner:** Until further notice, the following beneficial owner is appointed to vote for this organizational member at cooperative meetings (this person cannot vote any other share):

_____	_____
<b>Dated</b>	<b>Name of Member</b>
	_____
	<b>By</b>
	_____
	<b>Title</b>

\*Only required the first time a beneficial owner is certified.

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