

Rock Valley Admin Office
PO Box 37
Rock Valley, IA 51247
(712) 451-6280



Ocheyedan Admin Office
PO Box 69
Ocheyedan, IA 51354
(712) 758-3636

Application for Membership

I, _____, the undersigned, do hereby certify that I am eligible for **Class A Membership** in Cooperative Farmers Elevator and that I am an active agricultural producer (as referred to in the Amended and Substituted Articles of Incorporation). I understand that Class A Members are the owners of the Coop, have voting privileges, and can receive a dividend from profits on business done with the coop.

I, _____, the undersigned, do hereby certify that I am eligible for a **Class B Membership** in Cooperative Farmers Elevator, which qualifies me to receive patronage on the Merchandise that I purchase from the coop.

I do further consent that any patronage dividend allocations made to me with respect to purchases made by me or the sales of the coop, which are made in written notices of allocation (as defined in Section 1388 of the US Internal Revenue Code as amended by the Revenue Act of 1962), will be taken into account by the undersigned at their stated dollar amounts in the manner provided in Section 1385(a) of the US Internal code in the in the taxable years which notices of allocation are received from this coop.

The foregoing shall be fully effective and irrevocable upon acceptance by the Board of Directors of Cooperative Farmers Elevator. I also understand that if I cease to patronize this coop for two consecutive years, I will become ineligible for membership and my share may be cancelled and transferred to my stock credits or paid out without other notice than this agreement.

Class A and B share cost \$500. _____ Down payment (\$100 minimum)

_____ Balance Due (remaining balance can be paid through applying earned Patronage)

Account Name: _____

Fed ID or Social Security #: _____

Address: _____

Birth Date: _____

Phone: _____

Email: _____

Account name should match to the Fed ID/ SS#; this is how the 1099 will be filed

Under penalty of perjury, I certify that the information provided is true, correct and complete.

Print: _____

Signature: _____

Date: _____

Mail with payment to: Cooperative Farmers Elevator
Attn: Membership Processing
PO Box 37
Rock Valley, IA 51247

Office Use Only
Date received: _____
Account Number: _____