



Complete the member-owner application below and mail with a check in the amount of \$150.00 to:

The Village Co-op Market of Williamsville ■ 5651 Main Street ■ Suite 8-115 ■ Williamsville, NY 14221

MORE INFORMATION: <http://www.villagecoopmarket.com/>

PLEASE PRINT

Primary Member First Name: _____

Primary Member Last Name: _____

Household Name #2: _____

Household Name #3: _____

Address: _____

City, State Zip _____

Phone – Home: _____

Phone – Cell: _____

Email: _____

How did you hear of us?/ _____

Who referred you?: _____

Payment: Cash Check # _____ Credit Card

**** PLEASE SELECT ****

I give permission to The Village Co-op Market of Williamsville to display my name and/or photo on their website or any promotional materials: Yes No

NOTICES

The Village Co-op Market of Williamsville by-laws are available on our website at: www.villagecoopmarket.com.

It is the member-owner's responsibility to provide The Village Co-op Market of Williamsville 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 Board of Directors will determine distribution of remaining assets. Every effort will be made to refund your member-owner equity share.

Member-owner Terms & Conditions

- I am applying for a one-time purchase of membership in The Village Co-op Market of Williamsville under the conditions and policies stated in the Articles of Incorporation and bylaws of The Village Co-op Market of Williamsville. Those documents may change from time to time by action of the membership or the Board of Directors.
- I understand that a member-owner share must be in the name of one individual only. The legal member-owner of record will receive all official co-op mailings, is the official voting member-owner in all co-op elections, and receives any and all monies potentially disbursed, including patronage dividends and a refund of equity.
- I understand that other persons living in my household may use my membership card to shop at The Village Co-op Market of Williamsville, but this does not confer membership upon them.
- I certify that I am at least 18 years of age.
- I understand my membership is not transferable.
- I understand that I may resign this membership after one year of profitability is achieved with Board approval.
- I understand that this application for member-ownership is subject to the approval of the Board of Directors.
- I understand that full rights of membership (voting rights and eligibility for patronage dividend) are granted upon full payment.
- I acknowledge that I will access and read the by-laws of the cooperative available at www.villagecoopmarket.com

Signature of Primary Member: _____ **Date:** _____