



# Member-Owner Agreement & Disclosure

## Membership Agreement

**Applicant's Statement:** I hereby apply for membership in Northeast Community Cooperative Market, now doing business as Nourish Community Market, and agree to abide by the articles of incorporation and bylaws of the association (<http://www.northeastco-op.org/uploads/3/0/7/7/30774009/bylaws.pdf>), now and hereafter in effect, copies of which have been presented to me for inspection. I certify that I am a consumer interested in buying the products offered by Nourish Community Market; I commit to patronizing the cooperative on a regular basis; I have tendered the purchase price of one share of common voting stock; and I have met such other qualifications for membership as have been explained to me.

After my membership shall have been in effect for one year from the date of its acceptance by the association, either party may terminate it by notifying the other party in writing of this intention. If neither of the parties to this agreement so notifies the other, it is mutually agreed that this shall constitute conclusive evidence that the parties have renewed this agreement for another year.

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

**Address \*** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code \*** \_\_\_\_\_

**Phone Number \*** \_\_\_\_\_

**Email address \*** \_\_\_\_\_

## Additional household members

You may add multiple adults residing at the same address to this account. Right now, you may add one additional adult at no extra cost. Later, additional adults may be added for a nominal processing fee.

It is assumed that the person filling out this form is the primary account holder. The primary account holder receives the patronage, equity, and right to vote which is correspondent to the member account, regardless of how many adults of the same household utilize the account. If the other adult(s) wants the full rights of membership, they should apply for membership separately.

I would like to add another adult with the same address to my membership account.

Additional Household Adult Full Name: \_\_\_\_\_

## **Member E-Signature**

I certify that all of the forgoing information is correct. I understand that by submitting payment and submitting this form, I am applying for membership in Northeast Community Co-op Market, doing business as Nourish Community Market. I understand that I will be contacted by Nourish regarding my membership status.

**Member Signature \*** \_\_\_\_\_

**Date: \*** \_\_\_\_\_

## **Equity Payment**

The cost of an equity share is \$200. You may add up to two adults in the same household on the same member account for no additional fee. The person filling out this form is assumed to be the primary account holder.

**How will you submit your equity payment? \***

I will pay online or have paid online already. (Right click or Ctrl+Click to open in a new window)  
<https://squareup.com/market/northeast-community-coop>

I will pay by check. Make payment to: Nourish Community Market. Mail to: Nourish Community Market  
P.O. Box 6225 Aurora, CO 80045

Paying \$200 in full would create economic hardship for me. I would like to or pay by payment plan.

I would like to apply for a scholarship to cover part of the cost of membership.

## Payment Plan

I am paying in full today (if so, skip this page and go to the last page, pg 4)

If paying \$200 in full would create an economic hardship, we offer an option to pay \$25 a month over the course of eight consecutive months, \$50 over four months, or \$100 over two months. As long as you are current on your payments, you are considered a full member of Nourish. (Read our complete Payment Plan policy here: [http://nourish.coop/wp-content/uploads/2016/07/Nourish-Official-Policies-Handbook\\_2016.07.06.pdf](http://nourish.coop/wp-content/uploads/2016/07/Nourish-Official-Policies-Handbook_2016.07.06.pdf)). You will not receive patronage refunds until your equity share is fully paid.

If you have any questions, contact the Member-Ownership Team at [membership@nourish.coop](mailto:membership@nourish.coop)

### **Which payment plan would you like to use? \***

\$100 per month for 2 months

\$50 per month for 4 months

\$25 per month for 8 months

**How would you like to make your equity payments? \*** (Making your first payment activates your membership account. You will be invoiced on the first of the month each month. Payment is due by the 15th of each month.)

I will pay online (click here: <https://squareup.com/market/northeast-community-coop/payment-plan-equity-payment> )

I will pay by check (send to: Nourish Community Market, P.O. Box 6225 Aurora, CO 80045)

**May we send you your monthly payment reminders by email? \*** (If you select "No," you will receive paper invoices by mail each month. Emails are much easier for us. Help us save paper and postage by choosing 'Yes!')

Yes

No

## **Membership Disclosure**

Northeast Community Cooperative Market, doing business as Nourish Community Market, Incorporated is incorporated as a cooperative under the Colorado Cooperative Corporation Law.

By writing to Nourish Community Market, P.O. Box 6225 Aurora, CO 80045, members and prospective members may receive free of charge information regarding the following matters, among others: restrictions upon the transfer of memberships; conditions for levying of dues, assessments, etc.; amount and nature of services to be contributed by members; conditions under which memberships are redeemable; and rules by which the voting power and proprietary rights of membership are to be determined. These matters are addressed in the cooperative's Articles of Incorporation and Bylaws, which will be furnished without charge to a member or prospective member upon written request.

## **Acknowledgment of Tax Responsibility**

I agree that for purposes of determining the amount of any distributions made to me by this cooperative, I shall treat the full amount of any distributions, with respect to my patronage, which are made in written notices of allocation (as defined in 26 U.S.C. §1388), which I receive, as income received in the year in which such written notices of allocation are received at their stated dollar amounts in the manner provided in 26 U.S.C. §1385(a).

Date \* \_\_\_\_\_

Member E-Signature \*

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## **How did you hear about Nourish Community Market?**

Note: if you heard from a friend or person you know, please share WHO below

- |                                                                           |                                             |
|---------------------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Community event (e.g. farmer's market, festival) | <input type="checkbox"/> Friend or neighbor |
| <input type="checkbox"/> Word of mouth                                    | <input type="checkbox"/> Flyer              |
| <input type="checkbox"/> Radio                                            | <input type="checkbox"/> Newspaper          |
| <input type="checkbox"/> Website                                          | <input type="checkbox"/> Facebook page      |
| <input type="checkbox"/> Yard Signs                                       | <input type="checkbox"/> Other:             |

Which existing member-owner helped to sign you up for the co-op? \_\_\_\_\_

Are you interested in hearing about volunteer opportunities?

- Yes  
 Maybe  
 Not at this time