**Pocahontas Local Food**

 **Cooperative Start-up**

**Membership Application**

*Applicant's Statemen*t.

I ,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby apply for membership in the newly forming Agricultural Marketing Cooperative in Pocahontas County West Virginia and agree to participate in the creation, approval and implementation of articles of incorporation and bylaws of the association.

I certify that I am a producer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand membership privileges may be exercised in full only after obtaining one share of common voting stock, signing a marketing agreement, and met such other qualifications for membership as determined by the board of directors.

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.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Applicant's name: |

|  |  |
| --- | --- |
| address |  |
| 　 |  |
| telephone number |  |
| e-mail |  |
| Applicant's signature |  |

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***Office use only***

Acceptance. This certifies that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a member of\_\_\_\_\_\_\_\_\_\_\_ and is entitled to all of the rights, benefits, and privileges of membership in the association.

Date \_\_\_\_\_\_\_\_\_\_\_.

President: \_\_\_\_\_\_\_\_\_\_\_\_\_

Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_