



FREE RANGE FOOD CO-OP OWNERSHIP APPLICATION

PO Box 842, Grand Rapids, MN 55744 • freerangefoodcoop@gmail.com • www.freerangefood.coop

Primary Owner Name (*please print clearly*) FIRST: _____ LAST: _____

Add'l Adults in Household (name up to two) FIRST: _____ LAST: _____

FIRST: _____ LAST: _____

Street Address _____

Mailing Address (if different) _____

City, State, Zip _____ Phone _____

Email _____

****Email is our primary way of contacting owners with important co-op updates and information. I would like to receive monthly newsletters & important updates via email (We never share your email with other parties.)*** ☐ Yes ☐ No

Other FRFC owners love to see our numbers grow! Can we welcome you by name as a new owner on social media (Facebook, Instagram, etc.)? ☐ Yes ☐ No, thank you

Would you like to learn about volunteer opportunities? ☐ Yes, let's get this co-op built! ☐ No, thank you

Are you a farmer or producer? ☐ Yes ☐ No _____

How did you hear about the co-op? _____

What does a food co-op in our community mean to you? (optional) _____

I understand that my ownership is subject to the bylaws of Free Range Food Co-op.

A copy of the bylaws can be found at www.freerangefood.coop/bylaws.

Signature _____ Date _____

As with any investment, your ownership share is subject to risk. In the unlikely event that co-op development is unsuccessful, the Board of Directors will determine the distribution of any remaining assets, after all outstanding debts are paid. Every effort will be made to refund the paid portion of your owner equity share.

PAYMENT INFORMATION

If using a credit or debit card, an administrative fee of \$2.70 will be added to each transaction.

Full payment of \$100 is due at time of application.

Mail application and payment to: Free Range Food Co-op

PO Box 842

Grand Rapids, MN 55744

FOR OFFICE USE ONLY

Method: ☐ Cash ☐ Check # _____ ☐ Credit Card

Payment taken by (FRFC volunteer name): _____