



Community-Owned  
Community-Grown

# Ownership Agreement

- Full Payment of \$150
- 10 Monthly Payments of \$15

see [www.silvertonfood.coop](http://www.silvertonfood.coop) for details.

## Owner Information

Referred by Owner: \_\_\_\_\_

First & Last Name (please print clearly) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

I authorize the following individuals from my household to shop on my Owner card. They will not

have voting rights: \_\_\_\_\_ Email \_\_\_\_\_

Please do not use my name in promotional material, including on Facebook and on the website.

## Please read and sign

By completing this form and making a payment I am applying to be an owner of Silverton Food Co-op. I understand that purchasing a full share of common stock, or agreeing to a payment plan and making regular monthly payments toward the purchase of a share, entitles me to membership rights in the Co-op including the right to vote and to receive patronage dividends and other member benefits. I understand my membership rights are exclusive to me and cannot be transferred to others, with the exception that other members of my household may shop at the Co-op under my ownership account. I am a consumer interested in buying the products offered by Silverton Food Co-op and I agree to shop at the Co-op on a regular basis. I agree to abide by the Co-op's bylaws (posted at the website <https://silvertonfood.coop/about/bylaws>). I agree to receive Co-op notices by email, and I agree to keep the Co-op informed of my current email address. I agree that if I select a payment plan and it is canceled before I purchase a full share, the Co-op will charge me a \$15 processing fee against any refund of my payments. I understand that I am purchasing a non-dividend-earning share of common stock in a corporation, which will be used for initial capital, start-up expenditures, and other capital needs of the store. I understand that this investment is subject to risks inherent in any business and that I may lose some or all of this investment.

Signature of Owner (I am 18 years or older): \_\_\_\_\_ Date \_\_\_\_\_

SFC Agent: \_\_\_\_\_ Payment Amnt: \_\_\_\_\_ Payment Type (cc,cash,check) \_\_\_\_\_

Event Name: \_\_\_\_\_ Date Accepted: \_\_\_\_\_ Owner No.: \_\_\_\_\_

**CONGRATULATIONS and THANK YOU**  
**for becoming an owner of Silverton Food Co-op!**

Mail this form and a check payable to:  
Silverton Food Co-op, PO Box 1742,  
Silverton, Or 97381