

DIXON COOPERATIVE MARKET  
**MEMBERSHIP APPLICATION**



1. LAST NAME (PRIMARY MEMBER)	FIRST NAME	#
2. LAST NAME (SECONDARY MEMBER)	FIRST NAME	
3. LAST NAME (SECONDARY MEMBER)	FIRST NAME	
ADDRESS	CITY	STATE
HOME PHONE	E-MAIL	ZIP

The primary member owns the membership and is responsible for updating the address, phone number and for adding or deleting secondary member names. We ask that you show your member card each time you make a purchase, so the cashier can verify your number and expiration date.

**Please Read our policies and sign your name:**

Membership is non-transferable.

Members are entitled to:

One (1) vote per member/household in elections and proposals.

Profits are distributed in patron refunds or re-invested in goods and services which benefit members.

There shall be no voting by proxy.

Through member activity, the Co-op exists and the member receives benefits of Co-op ownership.

Members must comply with all membership requirements (as stated in the policies of the Co-op and the laws under which it is incorporated).

Termination of membership and recovery of equity in the Co-op is subject to the policies of the Co-op and laws under which it is incorporated.

I understand this membership is subject to requirements as set forth in the articles and bylaws of the Co-op. I have been notified of such requirements.

X \_\_\_\_\_  
SIGNATURE (PRIMARY MEMBER) DATE

\_\_\_\_\_  
DATE OF BIRTH

FEES:    **ANNUAL    \$25**  
          **SENIOR      \$20**  
          **LIFETIME \$200**

**THANK YOU FOR BECOMING A CO-OP MEMBER!**