

Share sold by (cashier's name): _____

Good Foods Co-op Subscription Agreement

OWNER INFORI	MATION (PLEASE PRINT):
Name:	
Street:	
City:	State: Zip:
Phone:	Email:
	natically enrolled to receive our biannual newsletter via email. If you would like to get a paper our home instead, check here: \square
the Co-op you mu	rner of Good Foods Co-op, a Vermont non-profit cooperative (the "Co-op"), and participate in st purchase one share of Co-op stock for \$200.00. Your rights as an Owner are described in orporation and Bylaws. You may choose one of the following options to pay the purchase ck:
PAYMENT OPTI	IONS (CHECK ONE):
□ OPTION 1	You may pay the full purchase price (\$200) at this time.
□ OPTION 2	You may pay \$20 now and the balance in nine monthly installments of \$20 each.
□ OPTION 3	You may pay \$5 now (\$4 installment + \$1 nonrefundable admin fee) and the balance of the purchase price in 49 monthly installments of \$5 each (includes the nonrefundable \$1/month admin fee).
voting privileges a	e your share payment when due, owner benefits will stop (e.g. Owner 10% monthly discount and sales accruing toward a potential patronage rebate) and you will be considered inactive. ent is made, owner benefits will resume. Your share certificate will be issued when the share n full.
Signature:	Date:
	Customor Sorvico Uso

Customer Service Initials: _____