

Application for Membership

I, _____, the undersigned, do hereby certify that I am eligible for a membership in Mid-Iowa Cooperative, Beaman, Iowa; and that I wish to make application for (choose one of the following):

_____ Class A Common Stock, as I conduct farming activities (as defined by the Articles of Incorporation)

_____ Class B Common Stock, as I am a patron of the cooperative, but do not conduct farming activities; or, this is an entity that is owned and controlled by person(s) who are Class A shareholders of Mid-Iowa Cooperative

I do further subscribe for one (1) share of Common Stock, of the par value and at the price indicated below:

	Class A	Class B
Par Value and Price	\$1,500.00	\$100.00
Amount tendered now:		
In cash - \$100.00 minimum is required	\$ _____	\$100.00
By application of patronage dividends	\$ _____	
By surrender of share(s) presently held	\$ _____	
Total	\$ _____	\$100.00
Balance Owing*	\$ _____	\$ 0.00

*I promise to pay any balance owing through the application of patronage dividends. Stock subscriptions not paid within two (2) years may be cancelled and all patronage dividends applied thereon shall revert to the surplus of the corporation.

 In compliance with the articles and by-laws, the Cooperative shall have a lien on all stock, irrespective of classification, and on all allocated patronage dividends of any person in whose name the same stands or who may be holding the same, for any sum due the Cooperative from said person, or for any debt or liability of whatever kind of said person to the Cooperative.

I do further consent that any patronage dividend allocation made with the respect to purchases made from me or sales to me by said Cooperative, which are made in written notices of allocation (as defined in Section 1388 of the US Internal Revenue Code (IRC) as amended by Revenue A of 1962) will be taken into account by the undersigned at their stated dollar amounts in the manner provided in Section 1385 (a) of the US IRC in taxable years in which such written notices of allocation are received from said Cooperative.

The foregoing shall be fully effective and irrevocable on acceptance by the Board of Directors of the Mid-Iowa Cooperative, Beaman, Iowa. However, should the foregoing be rejected by the said Board of Directors, any cash submitted with this application shall be refunded in full.

I understand that if I cease to patronize the cooperative for two (2) consecutive years my membership may be canceled and any stock issued to me may be canceled. I also understand that it is solely my responsibility to advise Mid-Iowa Cooperative of any changes to this entity's business structure, account name or mailing address.

PLEASE COMPLETE BACK OF FORM

Certification – Under penalties of perjury, I certify that the information provided on this form is true, correct and complete.

Individual or Business Name _____ Date of Birth _____

Check appropriate box: Individual/Sole Proprietor Corporation** Partnership** Other** _____

Address _____ SSN or Federal Tax ID _____

City, State & Zip Code _____ Telephone # _____

Signature of Applicant or Authorized Representative _____ Date _____

If you do business under more than one account with Mid-Iowa Cooperative please list them below. Otherwise you will receive patronage only on the account shown within this Application for Membership. We can only consolidate accounts that will be reported to the Internal Revenue Service (IRS) under the same Federal Identification Number or Social Security Number. If account information is reported under separate identification numbers you will need separate memberships for each. Please list all accounts under which you do business that should be part of this membership.

Account #

Account Name

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**** If this is an entity other than an individual (i.e. partnership, corporation, trust, etc.), please complete an Affidavit disclosing ownership information.**

For office use only –
Accepted by the Board of Directors on _____ Account # _____ Entered by _____
Check # _____ Check Date _____ Amount Tendered _____