

# Member - Owner Application



\_\_\_\_\_  
Name of Person Applying for Membership

\_\_\_\_\_  
Additional Names associated with this Membership  
(ie: Family members)

\_\_\_\_\_  
Address (street / city / state / zip)

\_\_\_\_\_  
Phone Number (including area code)

\_\_\_\_\_  
Email Address

- \* I hereby subscribe for and intend to purchase one equity share at Harvest Moon Co-op at \$175/share.
- \* I understand that this application is subject to the approval of the Board of Directors, and that my membership is subject to the Articles of Incorporation and the Bylaws of the co-op.

\_\_\_\_\_  
Signature Date

Membership can be purchased with one payment of \$175 or a payment plan of \$75 down and two payments of \$50 each to be paid in completion 6 months from the date of joining.

Full Membership (\$175)

Payment Plan (\$75 down/  
2 payments of \$50 each)

For Office use:		Date Received: _____
Payment Method:	Cash	Member /Owner # _____
	Check	
	CC	