



# Application For Agricultural Voting Membership

## Dear Board of Directors:

I am applying for membership in Grange Cooperative Supply Association, an Oregon cooperative association. I am a producer of agricultural commodities. I agree that if admitted to membership in the association, I will abide by the bylaws and rules and regulations formulated by its Board of Directors as they now are written or as they may be subsequently amended. I further consent to include in my federal taxable income the face amount received from the cooperative in cash or in written notice of allocation, as taxable income on my federal income tax return for the year in which I received the distributions unless such distributions are attributable to (1) the purchase of personal living or family items or (2) the purchase of depreciable property or capital assets (in which case the patronage distributions reduce the depreciable basis of such property). An example of how the patronage distribution would be treated: if you receive \$70 in credits and \$30 in cash in year 2008 as a patronage distribution, you would include \$100 in your taxable income on your federal income tax return for year 2008.

**Enclosed with this completed application is the one-time nonrefundable membership fee of \$100.00.**

Agricultural Commodity Produced \_\_\_\_\_

Location of Agricultural Property \_\_\_\_\_

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

Note: If credit is desired for a new account, *Application for Credit* must be completed also.

## Substitute Form W-9 Information

Name (Print) \_\_\_\_\_ Phone \_\_\_\_\_

**Check Appropriate**  Individual/Sole Proprietor  Corporation  Partnership  Other

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Taxpayer Identification Number (TIN) \_\_\_\_\_

Social Security Number

Employer ID Number

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number and (2) I am not subject to backup withholding.

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

Email Address (Optional) \_\_\_\_\_ Phone (Optional) \_\_\_\_\_

*Office Use Only*

**Equity File Created** \_\_\_\_\_ **Letter/Card Mailed** \_\_\_\_\_ **Account # Assigned** \_\_\_\_\_

## MAIL COMPLETED FORMS TO:

GRANGE CO-OP, P.O. BOX 3637, CENTRAL POINT, OR 97502 • PHONE: (541) 664-1261 • FAX (541) 664-1246