



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

Application For Non-Member Patronage Account

As required under current tax regulations, unless amounts received from the cooperative in cash or written notices of allocation are attributable to purchases for personal living or family items, I consent to include in my federal taxable income the face amount received from the cooperative as taxable income on my federal income tax return for the year in which I received distributions.

An example of how the patronage distribution would be treated: if you receive \$80 in equity credits and \$20 in cash as a patronage distribution, you would include \$100 in your taxable income on your federal income tax return for the year. *If you do not deduct the costs of your purchases from Grange Co-op as a business expense, you do not have to claim the amount you receive in cash or written notices of allocation as taxable income.* You will receive a minimum of 20% in cash in the year following your purchases and the remainder of the equity credits will be paid out in future years at the discretion of the Board of Directors. Your participation in the non-member patronage will remain in effect unless canceled by you or the Board of Directors of Grange Co-op.

Enclosed with this completed application is the one-time non-refundable set up charge of \$10.

Please Fill Out All Areas And Sign Both Sections

I hereby elect to participate in the Grange Cooperative Non-Member Patronage Program subject to the terms and conditions printed on the reverse side of this agreement.

Customer Account # (if already existing) _____

Date _____ Signed _____

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 Box Individual/Sole Proprietor Corporation Partnership Other

Complete Mailing Address _____

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.

Sign Here: Signature _____ Date _____

Email Address (Optional) _____ Phone (Optional) _____

Return completed form and set up charge of \$10 to any Grange Co-op store or main office.

Terms and Conditions of Non-Member Patronage Contract

1. In order to earn non-member patronage dividends, current bylaw provisions require that you must purchase at least \$500.00 in merchandise and/or fuel from Grange Cooperative Supply Association in a given calendar year. These purchases must have your account number assigned to the transactions in order to receive credit for your purchases. No dividends will be paid or accrued for purchases of less than \$500.00 in a given calendar year.
2. A minimum of 20% of the patronage dividend earned for non-member patrons will be payable in cash in the year following purchase. The remaining will be paid in the form of equity credits and the timing of the payment of equity credits is subject to the sole discretion of the Grange Cooperative Supply Association Board of Directors.
3. Non-member patrons do not have voting rights in the Grange Cooperative Supply Association. Voting rights are reserved by the bylaws of this cooperative to members only. In the unlikely event of the dissolution of Grange Cooperative Supply Association, non-member patrons have ownership interests in the assets of the Cooperative only to the extent of their equity credits.
4. The terms of this agreement may be modified by action of the Board of Directors of Grange Cooperative Supply Association.
5. This contract shall remain in full force and effect until terminated by written request of the non-member patron, or by action of Grange Cooperative Supply Association's Board of Directors. In the year of such termination, the non-member patron will not receive a dividend for purchases within that calendar year.

Grange Co-op Location Information

Central Point • 225 S. Front Street • 541-664-6691

Ashland • 421 A Street • 541-482-2143

South Medford • 2531 S. Pacific Hwy • 541-772-4730

White City • 8205 Crater Lake Hwy • 541-830-0015

Grants Pass • 1710 Schutzwahl Ln. • 541-476-7771

Klamath Falls • 2525 Washburn Way • 541-884-7733

Pet Country • 2833 N. Pacific Hwy • North Medford • 541-773-7087

Grain Elevator • 28 S. Front Street • Central Point • 541-664-2433

Ag Services • 32 S. Front Street • Central Point • 541-664-3993

Main Office • 89 Alder Street • Central Point • 541-664-1261

Retail Store Use Only

Payment Received on (date) _____ **Cashier** _____ **Location** _____

Cashier: Please attach duplicate receipt to application. Set up Charge SKU: DIV10

Office Use Only

Letter/Card Mailed _____ **Account # Assigned** _____