



GRANGERewards

AGRICULTURAL MEMBER APPLICATION

Dear Board of Directors:

I am applying for membership in Grange Cooperative Supply Association (Grange Co-op) 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, rules, and regulations formulated by its Board of Directors as they now are written or as they may be subsequently amended.

NAME: _____ PHONE: _____ CELL PHONE: _____

ADDITIONAL USER: _____

EMAIL ADDRESS: _____ BIRTHDATE: _____
(must provide e-mail to receive promotions)

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AGRICULTURAL COMMODITY(S) PRODUCED: _____

Note: If credit is desired, please complete an application for credit.

☐ NEW APPLICANT

- ☐ With this completed application, I have enclosed my one-time fee of \$100



MEM100

☐ CURRENT GRANGERewards CUSTOMER

- ☐ With this completed application, I have enclosed my one-time fee of \$80



MEM80

GRANGERewards MEMBERSHIP BENEFITS:

- Membership is for producers of agricultural commodities
- Earn up to 1% rewards on most retail purchases
- Veterans and active military earn up to 5% rewards on most retail purchases
- One vote per membership
- Receive valuable offers and timely information via email

For more information about the GRANGERewards program visit grangecoop.com/rewards

PLEASE SUBMIT YOUR APPLICATION AT ANY RETAIL LOCATION OR BY MAIL TO: 7700 CRATER LAKE HWY, WHITE CITY, OR 97503

With this application I am enrolling and hereby elect to participate in the GrangeRewards agricultural member program. I understand that by providing my email and/or phone number that I agree to receive promotional messages sent via email and/or autodialer, up to 4 messages per month. Message and data rates may apply. I also agree to the Terms of Service and Privacy Policy. This agreement is not a condition of any purchase. Dividends may be subject to taxation if you deduct your purchases on your tax return. See dividend fact sheet on our website for information, grangecoop.com/dividend-fact-sheet. Grange Co-op reserves the right to modify the terms and conditions of this program.

SIGNATURE: _____ DATE: _____

RETAIL STORE USE ONLY

Date payment received _____

Employee _____

Please attach duplicate receipt to application before sending to main office

OFFICE USE ONLY

Date welcome packet mailed _____

Account number assigned _____

Employee _____ 4/2023