



Application for Membership and/or Patronage with Valley Wide Cooperative, Inc.

Each Person/Entity must satisfy the following conditions to become a member

- Person/Entity applies for membership on a form prescribed by the Board.
- Board approves person/Entity for membership
- Person/Entity pays the membership fee in the amount of one (1) dollar; and executes such agreements concerning patronage with the Cooperative as required by the board.

Persons/Entities who do not qualify for Membership may still qualify for patronage. Abiding by all rules and conditions as stated in the Bylaws of Valley Wide Cooperative, Inc.

- I, _____, hereby apply for Membership and/or Qualifying Patron Status in Valley Wide Cooperative, Inc., for the purpose of procuring supplies cooperatively, with other members and patrons, and subject to the terms of said Association's Articles of Incorporation and By-Laws. I understand Membership is subject to approval by the Board of Directors.
- I certify that I am a farmer, engaged in the production of farm products for market in commercial quantities as required by said Association's By-Laws; or agricultural producers including lessees, tenants, lessors and landlords of agricultural producing property or cooperative association of such producers. (Requirement for Membership)
- My annual purchases from the cooperative meet or exceed the required amount of \$2,500.00.
- I agree to pay the membership fee of \$1.00.

In reporting and paying my Federal Income Tax, I consent and agree to take into account in the year received by me and as if it were cash, the stated dollar amount of each written notice of allocation, except those designated by their terms as "non-qualified" or "Memo of Reserves Retained," distributed with respect to my patronage in your Cooperative. My social security number provided on the substitute W-9 below.

INDIVIDUAL CONSENT & SUBSTITUTE FEDERAL FORM W-9

I hereby consent to include in my gross income, as now or hereafter provide in the Federal Income Tax Laws. The stated dollar amount of each written notice of allocation, which I receive from:

VALLEY WIDE COOPERATIVE, INC.

With respect to my patronage occurring during the current and all subsequent taxable years of this cooperative. This Individual consent shall be revocable by me at any time if in writing.

Name as shown on Tax Filings		Social Security / Federal ID Number	
Mailing Address			Telephone Number
City	State	Zip	Date of Birth
Email Address			

Certification 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 either because I have not been notified by the internal revenue service (IRS) that I am subject to backup withholding as a result of failure to report all interests or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

Certification instructions: You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of under reporting interest or dividends on your tax return. However, if after being notified by IRS that were subject to backup withholding you received another notification from the IRS that you are no longer subject to back up withholding, do no cross out item (2).

Signature _____ Date (Month/Day/Year) ____/____/____