Founding Member-owner Application

Complete this form and mail it, along with your check for the amount shown below (payable to Wasatch Cooperative market, LCA), to: PO Box 4303, Salt Lake City, UT 84110

| First Name | Middle Name | Last Name | Suffix | |
|--|--|--|---|---|
| Street Address | | City | State | Zip |
| Mobile Phone | Land | Line Email | | |
| low did you hear ab | out Wasatch Cooperative Ma | arket? | | |
| | | volunteer, a committee member, an adv narketing, merchandising, real estate, leg | | |
| ndividuals who (1) hav member-owners who | wner (m-o) of Wasatch Coopera we common needs; (2) decide to patronize the co-op. The Co-op f | ntive Market (hereinafter The Co-op) is a collectively to solve those needs; and (3) formed and organized because we anticipe well-being of their families and the com | agree to share the economic return pate that member-owners will join f | ns by rewarding |
| know that the membe Consequently, the mer | r-owner unit you purchase is not mber-owner unit is not a security | d receive the economic returns in propor expected to appreciate in value, nor wil y under the law. Furthermore, your votin ileges may be canceled by action of the E | ll a dividend or other return be paid ag privileges depend on your patron | on it. |
| studies and further evant expenses of operating occurs, The Co-op may your member-owner u The Co-op has availabl | aluation of whether The Co-op has business. The Co-op is under not be unable to redeem your memonit or any portion thereof redee e capital or when redemption of | will be used to pay for operating The Co-oral reasonable business prospects to generate or obligation to redeem your member-own ber-owner unit. At no time during the dimable. Following this time period, your member-owner unit will not financially blished by the Board of Directors at the following the dished by the Board of Directors at the following the second sec | erate sufficient revenue to pay for t wner unit unless The Co-op dissolves evelopment stage or within 18 mon member-owner unit will only be red cially endanger The Co-op. If redem | he costs and s. If dissolution ths of opening is leemable when |
| • | | e online at uYTIVNIxIPf5owrOyLP6sGVMI2 | /view?usp=sharing | |
| t. I affirm that I am a I | | wner of Wasatch Cooperative Market thr I will receive written acceptance of this a essing) | | |
| | payments of \$150 Three (3 | | ock one): One payment of \$30 (4) monthly payments of \$50 (20) monthly payments of \$15 | 00 |
| I would like to | contribute a non-tax-deductible | gift of \$ toward the fo | ormation of Wasatch Cooperative M | arket. |
| Ou alamina la alacce d | | edge, the information contained on this | | |

Receipt #

Received by

Cash

\$ Amount Received

Check #