

Member-Owner Application
Linden Hills Co-op & Linden Hills Natural Home

Name of Person Applying for Membership (please print)

Name of 2nd adult (if applicable)

Address

City/State/Zip

Phone # (please include area code)

Email address

- I hereby subscribe for and intend to purchase 4 shares for membership at Linden Hills Co-op at \$20 per share.
- I understand that this application is subject to the approval of the Board of Directors, and that my membership is subject to the Articles of Incorporation and the Bylaws of the association.
- I understand that if my membership has been inactive for more than three years or if I fail to provide Linden Hills Co-op with my current address for more than three consecutive years, my member shares shall be donated to the cooperative, as provided for in Section 6 of the Bylaws.
- I certify that I am at least 18 years of age.

Signature

Date

Membership in Linden Hills Co-op requires a purchase of four equity shares for a total of \$80.

We accept payment in cash, personal check with proper i.d., MasterCard, or VISA.

For office use::

Cashier _____ Tender: Cash Check # ____ MC/V

Processed by _____ Date _____

Member # _____ Share #s _____

Please mail or bring your completed application, along with your payment of \$80, to the co-op: 2813 West 43rd Street, Minneapolis, MN 55410