



APPLICATION FOR MEMBERSHIP

PO Box 2188, Scottsbluff, Nebraska 69361
phone 308-632-5301 toll free 800-732-4546 fax 308-632-5375

I (we) hereby apply for membership in Panhandle Cooperative Association, Scottsbluff, Nebraska, and agree to abide by the policies and bylaws governing membership.

Name of applicant or Business in which stock and deferred equity will be held.

Name of co-applicant or If business, name of principal or director

Percentage of stock and equity ownership 100% if not otherwise indicated or %

Other owners of stock and equity, and percentage of ownership: %

% %

% %

If additional space is required, please check this box [] and use back of form.

Applicant

Social Security Number is required for membership.

Social Security # (or FEIN) Date of Birth

Co-Applicant

Social Security # (or FEIN) Date of Birth

Mailing Address

City State Zip

Phone Email Address

Cell phone

I hereby agree and consent that the amount of any distributions with respect to my patronage occurring on or after October 1, 1963, which are made in written notices of allocation as defined in 26 U.S.C. 1388 and, which I receive from the Cooperative, will be taken in my accounts at their stated dollar amount in the manner provided in 26 USA 1388 (A) in the taxable year in which I receive such written notices of allocation.

If the IRS has notified you that you are subject to backup withholding because of a failure to report all interest and dividends, please check this box. []

Under penalties of perjury, I certify that the information provided on this form is true, correct, and complete.

Signature of applicant

Date

Signature of co-applicant

Date

for office use only

Submitted by "Department"

Account number

Patronage Card(s) Issued

Post Date

Related Accounts

Posted By

Splits

Account Number