



**Date**

**First Name**

**Last Name**

<input type="text"/>	<input type="text"/>
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**Phone**

**Alternate Phone**

<input type="text"/>	<input type="text"/>
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**Email Address**

**Alternate Email Address**

<input type="text"/>	<input type="text"/>
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**Street Address**

**Street Address 2**

<input type="text"/>	<input type="text"/>
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**City**

**State**

**Zip Code**

**County**

**Country**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**# Owner Shares (\$100/share. Limit 10.)**

**Others Authorized to use Ownership Rights**

<input type="text"/>	<input type="text"/>
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The following fields are optional. Completing them will help us both get to know you and connect with you on social media. Any demographic information you share will assist the co-op as we pursue grant and funding opportunities.

**How did you learn about the Farm to City Harvest Store?**

**Employer**

**Job Title**

**Age**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Facebook Tag**

**Instagram Tag**

<input type="text"/>	<input type="text"/>
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**Birth date (MM/DD)**

**Connections with other social or business organizations**

<input type="text"/>	<input type="text"/>
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**Race**

<input type="checkbox"/> White	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Middle Eastern or North African
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-Racial or Two or More Races
<input type="checkbox"/> Native American or American Indian	<input type="checkbox"/> Prefer Not to Say
<input type="checkbox"/> Pacific Islander	

Farm to City Harvest Store, a cooperative corporation organized under the laws of Illinois, agrees to transfer to me one (1) share of common stock in the Cooperative, at a price of \$100 per share. With this purchase of stock, I will become an owner of the Cooperative. I certify that I am a resident of the State of IL and that I am at least 18 years old.

Payment can be made by check addressed to "The Farm to City" mailed to 111 S. Main St., Farmer City, IL 61842. I understand that my ownership rights and responsibilities (outlined in our bylaws) will begin immediately upon payment.

**Signature**

**Date**

Sharing that you're a co-op owner may spark others to become an owner. May we use your name to inspire others (for example on social media or in our newsletter)? \_\_\_\_Yes \_\_\_\_No