



NAME : (staff use only) _____ OWNER# _____

NEW OWNERSHIP APPLICATION & AGREEMENT

Check box if you have previously been an Owner.

For the purpose of using the services of the Co-op, I hereby apply for ownership/membership in BriarPatch Cooperative of Nevada County, Inc., under the terms and conditions of ownership contained in the Bylaws and Ownership Disclosure.

I/we agree to invest \$200 in co-ownership. I agree to this payment option:

- \$200 in full** upon signing this application, for which I will receive a \$25 rebate gift card.
- \$20 now** and \$20 every 6 months until fully paid.
- \$10 now** and \$10 or \$20 every 6 months until fully paid.

Patronage Dividend: I understand that in order to track my expenditures toward a potential patronage dividend, I must present my owner card or number at checkout. I understand that any patronage dividend disbursements will be determined annually at the discretion of the Board of Directors in years when the Co-op nets a profit.

Owner Communication: I understand that BPFCC will use my contact information for owner and/or legally required communications. I understand that text/SMS communications are optional and I may opt-out at any time.

Text/SMS Notification: The benefit of ownership is being part of a community. Keep up to date on the latest owner news or receive special deals and promotions via text/SMS. We keep things short and sweet – and always in the family. We won't share your contact information with third parties.

- Official Owner Notices and Information (Such as your Election ballot)
- Promotions and other fun stuff

The Vine Newsletter: Please choose one delivery option:

- Paperless, please!** We will email you a link to a PDF on the website.
- Paper newsletter,** delivered by U.S. mail.

Are you a Senior, age 62 or older? Yes No

BriarPatch Food Co-op currently offers Seniors 5% discounts on all items every Wednesday and 2% discounts on other days. (This discount is offered at the discretion of store management and is subject to change.)

Legal Name of Primary Owner (Only primary owner can vote or make changes.)

Additional Household Owner(s), if any

Mailing Address (Required)

City State Zip

Home Address, if different

Daytime Phone Alternate Phone Number

Email Address (Only used for BriarPatch communications.) Alternate Email Address

Would you like to receive your receipts via email? Yes

X

Signature of primary owner Date

Would you like to participate in the PatchWorks Community Volunteer Program? Yes

Staff use: Initials: _____ Amt. paid: _____ Owner no.: _____