

MT Co-op Member-Owner Form



To become a member-owner of the Montana Co-op, please complete the form below.

Please write checks to LCCD (Lake County Community Development), include this form and send or drop off at: LCCD, 407 Main Street SW, Ronan, MT 59864; attn: Accounting.

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Home Phone:	<input type="text"/>	Cell Phone:	<input type="text"/>
Email address:	<input type="text"/>		
Spouse Name:	<input type="text"/>	Spouse Email:	<input type="text"/>
Mailing address:	<input type="text"/>		
Date of Birth:	<input type="text"/>	<input type="text"/>	
# of Family Members living in your current residence:	<input type="text"/>		<input type="text"/>
Where do you work?	<input type="text"/>	Website:	<input type="text"/>
Is there anyone in your residence that is looking for work?	<input type="text"/>		
Would you be interested in being a volunteer with the Montana Co-op?	<input type="text"/>		<input type="text"/>
Are you interested in being a Producer for the Montana Co-op?	<input type="text"/>		<input type="text"/>
Member Signature:	<input type="text"/>		Date: <input type="text"/>

The price of ownership is \$20 – a one time payment that buys you one share in our business, and thus provides us with funds to build and grow our service.

As a Montana Co-op owner, you will be voting for board members who will represent you and determine operating policies.

Comments to Steering Comm.:

Co-op Use Only

Type of payment _____ check # _____
 Amount paid _____
 Received by (initial) _____
 Entered in database(initial) _____
 Provide access to ordering site (initial) _____
Please attach this form to payment for deposit.

Member Receipt (detach and give to member)

Date _____
 Amount paid _____
 Remaining balance _____
 Payment received by (initial) _____
Montana Co-op
407 Main St., Ronan, MT 59864
