



P.O. Box 102, Green River, WY 82935

WildSageMarket@gmail.com

Website: WildSageGreenRiver.com

 Wild Sage Market- Co-op Startup

MEMBER-OWNER APPLICATION

Primary Member Name: _____

Household Members (names): _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Equity share option: Equity payment in full, \$300
 Four payments, \$75
Reminders will be emailed quarterly (Jan., Apr., July, Oct.) until membership is paid in full.

Payment by:
 Cash
 Check- payable to Wild Sage Market
 Credit card- plus \$9.00 service fee
(or \$2.25 service fee for each \$75 payment)

NOTICES, TERMS & CONDITIONS

- As with any investment, your ownership share is subject to risk. If the co-op is unsuccessful, the Board of Directors will determine distribution of remaining assets. Every effort will be made to refund your member-owner equity share.
- It is the member-owner's responsibility to provide Wild Sage Market with a current mailing address should the above information change.
- I am applying for a one-time purchase of membership equity (Patron Member share) in Wild Sage Market under the conditions and policies stated in the Articles of Incorporation and bylaws of Wild Sage Market.
- I understand that a member-owner share must be in the name of one individual only. The legal member-owner of record will receive all official co-op mailings, is the official voting member-owner in all co-op elections, and receives any and all monies potentially disbursed, including patronage dividends and a refund of equity.
- I understand that other persons living in my household may use my membership card to shop at Wild Sage Market, but this does not confer membership upon them.
- I understand my membership is not transferable without approval from the Board of Directors.
- I understand that this application for member-ownership is subject to the approval of the Board of Directors.
- I acknowledge that I will read the by-laws of Wild Sage Market which are on our website or can be emailed upon request.

Signature of Primary Member: _____ **Date:** _____

I am interested in volunteer opportunities

Please do not include my name on Wild Sage Market's website or any promotional materials.

FOR WSM USE ONLY:

Date Paid _____ Amount Paid _____ Member Number _____

Installment Plan payments made: 1st _____ 2nd _____ 3rd _____ 4th _____

____ Welcome Letter ____ Spreadsheet ____ Contacts ____ FB _____ Paid in full Letter