

# Wirth Cooperative Grocery Ownership Application

Mail completed application with your check made out to Wirth Cooperative Grocery to:  
Wirth Co-op Grocery  
Attn: Member Registration  
1930 Glenwood Ave  
Minneapolis, MN 55405

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Ownership Payment Plan (select one):

**\$15 GROW (Growing Right Opportunity with Wirth) Needs-based Ownership Plan:**

If you qualify for WIC, SNAP, MN Care, MN Medical Assistance or Social Security Disability Insurance, you can purchase an ownership for \$15. You will earn the remaining \$85 of owner equity through future patronage refunds until it is paid off.

**\$25 Installment Plan:** Purchase the full stock investment of \$100 in four \$25 installments over the course of a year. By choosing this option, you agree to make additional payments (on the website or by sending a check) in order to complete four payments for a total of \$100 dollars.

**\$100 Full Payment Plan:** Purchase the full stock investment of \$100

I, hereby apply for member-ownership in the Wirth Cooperative Grocery, a consumer cooperative corporation and submit this form and payment toward my stock investment in the Wirth Co-op. In the event that my ownership is terminated or upon dissolution of the Wirth Cooperative Grocery, Wirth Co-op, after making reasonable attempts cannot locate me, is instructed to apply the fee to appropriate expenses related to such.

Signature \_\_\_\_\_ Date \_\_\_\_\_