

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
1835 Penn Ave N
Minneapolis, MN 55411

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 _____