

## Shared Harvest, Elgin Food Cooperative P.O. Box 884 Elgin IL 60121

## **Shareholder Agreement**

The ownership interest hereby subscribed for is intended to confer the right to purchase consumer goods at owner prices and to participate in the governance of the Cooperative in accordance with its bylaws to be approved at a meeting of owners. The shares to be acquired hereby will entitle the holder to no dividends or other monetary return on capital, will be non-transferable except to the Cooperative, will be redeemable with limitations set forth in the bylaws of the Cooperative, and will be subject to other terms and conditions in the bylaws of the Cooperative.  The capital funds remitted under this agreement are intended to be used for initial capital and startup expenditures for the proposed store. All such capital funds are subject to the risks inherent in any start-up enterprise of this character and may result in the loss of part or all of such funds. Although the Cooperative is committed to minimizing this possibility such risk cannot be avoided.  I hereby represent that I understand such risks and am willing and able to assume them.  Please provide the following information (print):  Print Name:  Mailing address:  For internal use:  Gender Race (for government grant & loan purposes)  Agent for the Cooperative  Date of acceptance:  Date of acceptance:	For the purpose of facilitating access to groceries and other consumer goods by providing necessary capital funds for a proposed retail food store, and to acquire an ownership interest in the Cooperative, I hereby subscribe to purchase share(s) (not less than one share nor more than ten shares) at a price of one hundred dollars (\$100.00) per share for a total purchase price of dollars (\$). Such amount shall be payable in full upon execution of this agreement OR payable in four equal monthly installments of each.		
expenditures for the proposed store. All such capital funds are subject to the risks inherent in any start-up enterprise of this character and may result in the loss of part or all of such funds. Although the Cooperative is committed to minimizing this possibility such risk cannot be avoided.  I hereby represent that I understand such risks and am willing and able to assume them.  Signature of member/owner  Please provide the following information (print):  Print Name:  Mailing address:  For internal use:  Gender Race (for government grant & loan purposes)  Are you a Veteran?  Email:  Date of acceptance:  Date of acceptance:	owner prices and to participate in the governance of approved at a meeting of owners. The shares to be a other monetary return on capital, will be non-transfe with limitations set forth in the bylaws of the Cooper	the Cooperative in accordance with its bylaws to be cquired hereby will entitle the holder to no dividends or erable except to the Cooperative, will be redeemable	
Signature of member/owner  Please provide the following information (print):  Print Name:  Mailing address:  Gender Race (for government grant & loan purposes)  Are you a Veteran?  Email:  Date of acceptance:	expenditures for the proposed store. All such capital funds are subject to the risks inherent in any start-up enterprise of this character and may result in the loss of part or all of such funds. Although the Cooperative is		
Please provide the following information (print):  Print Name:  Mailing address:  For internal use:  Gender Race Agent for the Cooperative  Are you a Veteran? Date of acceptance:	I hereby represent that I understand such risks and a	m willing and able to assume them.	
Print Name:  Mailing address:  For internal use:  Gender Race (for government grant & loan purposes)  Are you a Veteran?  Email:	Signature of member/owner		
Mailing address:    For internal use:	Please provide the following information (print):		
Gender Race (for government grant & loan purposes)  Are you a Veteran?  Email:  For internal use:  Agent for the Cooperative  Date of acceptance:	Print Name:		
Gender Race (for government grant & loan purposes)  Are you a Veteran? Date of acceptance:  Email:	Mailing address:		
Agent for the Cooperative  Agent for the Cooperative  Date of acceptance:  Email:		For internal use:	
Agent for the Cooperative  Agent for the Cooperative  Date of acceptance:  Email:			
Email:		Agent for the Cooperative	
	Are you a Veteran?	Date of acceptance:	
	Email:		
Telephone: Share number(s):	Telephone:	Share number(s):	