

**North Iowa Cooperative  
Box 90  
Thornton, Iowa 50479**

**Membership Application**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Choose one:**

\_\_\_\_\_ \$200 Class "A"

Active Farming Operation

Qualify for Patronage Dividends

Eligible to Vote

Eligible to serve on Board of Directors

Or

\_\_\_\_\_ \$100 Class "B"

Qualify for Patronage Dividends

Non-Voting Membership

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

(or Federal Identification Number) \_\_\_\_\_

Date \_\_\_\_\_