

**CO-OP FIRST LLC**

7781 Cooper Rd. Suite #7

Cincinnati, Ohio 45242

Phone: 513-793-3076 Fax: 513-793-6072

MINIMUM 6 SHARES

Please allow 2-4 weeks

for processing

CO-OP MEMBERSHIP APPLICATION**TYPE OF MEMBERSHIP:** INVESTOR **APPLICANT INFORMATION**

Name (PRINT):

Date of birth:

SSN:

Phone:

Fax:

Email:

Citizenship:

Current address:

City:

State:

ZIP Code:

SPOUSE INFORMATION

Name (PRINT):

Date of birth:

SSN:

Phone:

Fax:

Email:

Citizenship:

(Only list if different then above)

Current address:

City:

State:

ZIP Code:

EMPLOYMENT INFORMATION

Profession:

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

SPOUSE EMPLOYMENT INFORMATION

Profession:

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

CHILDREN (USE BACK IF NEEDED)

Name:

Age:

Name:

Age:

Name:

Age:

Name:

Age:

EMERGENCY & BENEFICIARY INFORMATION

Contact Person:

Beneficiary Name:

Relationship:

Phone:

Address:

REFERENCES

Name

Address

Phone

Name

Address

Phone

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(\$150.00 non-refundable) : _____

I/We have read the regulations of the
Co-operative and I/We fully agree to
abide by them.

No. of Shares to be purchased: _____

Shares x \$1,000 each ____

Total amount enclosed: _____

SIGNATURES

I authorize the verification of the information provided on this form as to my credit and employment. I also authorize Co-op First to acquire a Credit check on my financial background.

Signature of applicant:

Date:

Print Name:

Soc Sec Num:

Signature of spouse *(only if for a joint membership):*

Date:

Print Name:

Soc Sec Num:

OFFICE USE ONLY

Date Recv'd:

Amt Recv'd:

Recv'd By:

Deposit Date:

Shares Issued:

Share Credit No.:

Treasurer Init.:

Date:

Signature of Pres.:

Date:

Comments:

DATE ENTRY RECORD**COMMON**

Matched with Dep.

Journalized By:

Date

Data Entry By:

Date

Verified By:

Date

PLEASE ATTACH ANY ADDITIONAL INFORMATION SUPPORTING YOUR APPLICATION**NOTES****CO-OP FIRST LLC**