CO-OP FIRST LLC
2232 Stratford Ave. Suite #210
Cincinnati, Ohio 45219
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 & BENEFICARY INFORMATION		
Contact Person:		
Beneficiary Name:	Relationship:	Phone:
Address:		
REFERENCES		
Name	Address	Phone
Name	Address	Phone

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PROCESSING FEE (NEW MEMBER ONLY-MAKE CHECK PAYABLE TO CO-OP FIRST)	
($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

4-05