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Roland, IA 50236
515-388-4344
515-388-4589 (Fax)

PO BOX 250
Sully, IA 50251
641-594-4115
641-594-4114 (Fax)

APPLICATION FOR CLASS B MEMBERSHIP

Key Cooperative Employee: _____

I, _____, the undersigned do hereby certify that I am eligible for membership in Key Cooperative, and that I am not an agricultural producer (as referred to in your Articles of Incorporation).

I do further subscribe for one (1) share of common **Class B**, of the par value, and at the price of **\$150.00**.

TENDERED IN PAYMENT NOW: IN CASH \$ 25.00

I do further consent that any patronage dividend allocation made to me with respect to purchases made from me or sales to me by said cooperative, which are made in written notices of allocation (as defined in Section 1388 of the U.S. Internal Revenue Code as Amended by the Revenue Act of 1962) will be taken in account by the undersigned at their stated dollar amounts in the manner provided in Section 1385(a) of the U.S. Internal Revenue Code in taxable years in which such written notices of allocation are received from said cooperative.

The foregoing shall be fully effective and irrevocable on acceptance by the Board of Directors of Key Cooperative. However, should the foregoing be rejected by the said Board of Directors, any cash submitted with this Application shall be refunded in full.

I understand that if I cease to patronize the cooperative for two (2) consecutive years, my membership may then be canceled and any common stock issued to me may be canceled.

At this time a **corporation, partnership, estate, trust or limited liability company** applying for a membership must provide beneficial owners: names, ID numbers, birthdates, addresses & certify percentage (%) of ownership. You are required to certify us of any changes in ownership in the future as well.

A. CORPORATION, PARTNERSHIP, ESTATE, TRUST OR LLC APPLICANT:

NAME OF CORPORATION, PARTNERSHIP, ESTATE, TRUST OR LLC			FEDERAL I. D. #
PO BOX OR STREET	CITY	STATE	ZIP
PHONE #	EMAIL ADDRESS	BIRTHDATE OF APPLICANT	
SIGNATURE			DATE

B. INDIVIDUAL APPLICANT:

INDIVIDUAL NAME	SOCIAL SECURITY #	BIRTHDATE OF APPLICANT	
PO BOX OR STREET	CITY	STATE	ZIP
PHONE #	EMAIL ADDRESS		
SIGNATURE			DATE

ACCEPTED BY BOARD OF DIRECTORS ON THE _____ DAY OF _____, 20_____.

PRESIDENT, BOARD OF DIRECTORS

SECRETARY, BOARD OF DIRECTORS

RETURN TO: Vicki Gruhn, Key Cooperative Equity, PO Box 85, Grinnell, IA 50112