



Application for Membership

Applicant Information

Legal Name: _____ SSN/EIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Farm Information

Total Acres Farmed: _____ Primary Crops: _____

Gross Annual Farming Revenue: _____

Currently Purchase from Pratum Coop: Yes / No

Interested in these Products and/or Services: Agronomy Seed Processing Energy

Current Field Man at Pratum: _____

Terms and Conditions

Upon approval of membership and by signing this form you agree to abide by the terms and conditions as set forth in the Pratum Co-op Bylaws. Once approved by the Board of Directors, you will be required to pay a membership fee of \$1.

After approval and receipt of the membership fee, a notification letter will be sent to the address above to inform you of your acceptance. If your application is denied, a letter will be sent to the address above stating the reason for your denial into the Co-op.

Applicant Signature

Date

Applicant Name (Print)

Title

Pratum Co-op Internal Use Only

Date Received: _____

Decision: Approved / Denied

Date of Decision: _____