



PO Box 1109 ▪ Harrisonburg, VA 22803 ▪ (540) 434-3856 ▪ Fax (540) 434-6890

### MEMBERSHIP APPLICATION

I hereby make application to become a member of the Rockingham Cooperative. I certify that I am a bona fide producer of agricultural products in the territory in which the Association is engaged in business. I understand that my membership may be terminated if I fail to comply with the qualifications for membership stated in the Bylaws or any revision thereto. I acknowledge that I have previously been furnished with a copy of the Bylaws of the Association, that I have had an opportunity to read the Bylaws and I expressly agree to be bound by and comply with all Bylaws of the Association and any revisions thereto. I expressly consent that the amount of any distributions with respect to my patronage, which are made in written notices of allocation (as defined in 26 U.S.C. 1388) and which are received by me from the Association, will be taken into account by me at their stated dollar amounts in the manner provided in 26 U.S.C. 1385(a) in the taxable year in which such written notices of allocation are received by me. This consent shall be deemed to continue after my termination as a member to the extent that I am a patron of the Association. I certify that I meet the eligibility requirements of membership in that I own or lease a farm from which at least \$1,000 of agricultural products are produced and sold or would normally be sold during the year. I will immediately advise the Association in writing in the event I become ineligible for membership under this requirement.

My present acreage is used for production of the following crops and/or meat products:

TYPE OF CROPS	NUMBER OF POULTRY	NUMBER OF LIVESTOCK
_____	Layers _____	Beef _____
_____	Broilers _____	Dairy _____
_____	Turkeys _____	Sheep _____
_____	_____	Hogs _____

Other agricultural production: \_\_\_\_\_

My present acreage used for agricultural purposes is \_\_\_\_\_ acres located on the road name \_\_\_\_\_

Signed and agreed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Account Number  
(leave blank if new applicant)

\_\_\_\_\_  
Physical Address (please print)

\_\_\_\_\_  
Mailing Address if Different from Above (please print)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

**Taxpayer Identification Number**

**Social Security Number**

(IRS Requirement for Patronage Allocations to be issued)  
Under the penalties of perjury, I certify the Social Security or  
Federal Identification Number provided on this form is correct.   
If applying in a farm name, a federal identification number must be provided.  
If applying in an individual's name, a social security number must be provided.

**OR**

**Federal ID Number**

Accepted by \_\_\_\_\_ Location \_\_\_\_\_