



CO-OP Patron Membership Application

First Name(s) _____

Last Name(s) _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone(s) _____

Email(s) _____

Birth Date(s) _____

T-Shirt Size _____

Membership – members must be MN residents

Single Membership - \$150

Joint Membership - \$250

MEMBERSHIP AGREEMENT

- I certify that the above information is complete and correct.
- I hereby subscribe to be a member of Foremost Brewing Cooperative and intend to purchase 1 membership unit for \$150. If I wish to purchase a household membership for the same 1 unit, I agree to pay \$250.
- I certify that, if I am purchasing a household membership, the second person listed is my spouse or partner, and this second person lives at the same address as me. I understand that if this second person moves from the same address as me, this second person's benefits as a member will immediately terminate.
- I will maintain valid addresses (both physical and electronic on file with the Co-op, and understand that if I fail to do so, I will forfeit my Co-op membership.)
- I acknowledge my voting rights within the Co-op, and understand that voting by proxy is strictly prohibited.
- I will abide by the policies and bylaws of the Co-op and understand that they are subject to change through processes enumerated.
- I certify that I am a Minnesota resident.
- I certify that I am of the legal drinking age in Minnesota.

Signature _____ Date _____

Please mail checks payable to Foremost Brewing Cooperative and completed form to:

Foremost Brewing Cooperative
524 Agnes Street
Owatonna, MN 55060