

**CO-OP FIRST LLC**2232 Stratford Ave. Suite #210
Cincinnati, Ohio 45219

Phone: 513-793-3076 Fax: 513-793-6072

MINIMUM 6 SHARESPlease allow 2-4 weeks
for processing**CO-OP BUYER APPLICATION****TYPE OF MEMBERSHIP:** BUYER CAR HOME **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 & BENEFICIARY INFORMATION

Contact Person:

Beneficiary Name: Relationship: Phone:

Address:

REFERENCES

Name Address Phone

Name Address Phone

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(\$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**