

**CO-OP FIRST LLC**2232 Stratford Ave. Suite #210
Cincinnati, Ohio 45219
Phone: 513-793-3076 Fax: 513-793-6072**MINIMUM 6 SHARES**Please allow 2-4 weeks
for processing**CO-OP MEMBERSHIP APPLICATION**TYPE OF MEMBERSHIP: INVESTOR **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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CO-OP MEMBERSHIP APPLICATION

PROCESSING FEE (NEW MEMBER ONLY-MAKE CHECK PAYABLE TO CO-OP FIRST)

(\$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

CO-OP FIRST LLC