

BENEFITS

Individuals may join the cooperative for a **one-time** fee of \$50.

This provides each member with one share of common stock in The Grange and entitles you to one vote.

In addition to becoming a participant in this vital business, you are also privileged to:

- **Attend annual meetings**
- **Vote on issues brought before the members**
- **Run to be a Director**
- **Participate in patronage dividends as declared by The Board of Directors**

To become a member and receive your share of common stock simply complete this application and submit your one-time \$50 payment to:

The Grange
145 NE Gilman Blvd,
Issaquah, WA 98027

*Active members must purchase a minimum of \$200 during the fiscal year. Fuel must be purchased in store to be applied to co-op membership.

MEMBERSHIP APPLICATION

Full Name _____

Social Security Number _____ Birth Date _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Signature _____ Date _____

Loyalty Card Number _____

SUBSTITUTE W-9 FORM

To comply with federal laws in reporting 1099 patronage dividends, we must have your signature and Social Security or Federal ID Number. We appreciate your cooperation in completing this substitute W-9 form.

Name (as shown on your income tax return)

Address (number, street, and apt. or street no.)

City, State and Zip Code

Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your Social Security Number (SSN). For other entities, this is your employer identification Number (EIN).

Social Security Number

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me
3. I am a U.S. Citizen or Permanent Resident.

Signature _____ Date _____

