

it's  
your  
co-op



OWN  
it!

Fill out this form and return it with your equity payment to any Wild Oats cashier or mail to:

**Wild Oats Market, 320 Main Street, Williamstown MA 01267**

I am enclosing my equity payment:

- Household \$20  
(first of 10 annual payments) OR
- Household \$200

Your benefits as a Wild Oats owner include:

- Owner Appreciation Day discounts four times a year
- Discounts on special orders of non-sale items
- A free slice of birthday cake
- The chance to own a part of a thriving community business!

Today's Date: \_\_\_\_\_

Name (please print clearly): \_\_\_\_\_

Name(s) of other adults in your household who you wish to include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Additional equity amount enclosed (optional): \_\_\_\_\_

I agree that my ownership and rights as a owner are subject to the bylaws of Wild Oats Cooperative, Inc., as they may be amended from time to time. I agree to be bound by such bylaws. I am aware that I may access an up-to-date copy of the bylaws at [wildoats.coop](http://wildoats.coop) and may also receive a copy on request.

\_\_\_\_\_  
Signature