

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 member-owner include:

- Member 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 in this membership:

Address: _____

Phone Number: _____

Email address: _____

Additional equity amount enclosed (optional): _____

I agree that my membership and rights as a member 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 and may also receive a copy on request.

Signature