

MEMBER INFORMATION REQUEST FORM

NOTE: No information concerning the Cooperative, its members, personnel, Trustees, agents, employees or operations shall be made available (except for routine information) unless the requesting member completely fills out and executes this Member Information Request Form.

Requesting member's name, address, and telephone number(s): _____

State specifically what information is requested: _____

State specifically why you want such information and to what use you will or may put it:

If this request is being made on your own behalf plus that of others, please state the names, addresses, and telephone numbers of the others: _____

It is understood and agreed that, by executing this Member Information Request Form, you agree that you will not put yourself, or permit others to put, such information to a use other than that stated above.

_____ Date _____ Member

ACTION TAKEN

_____ Date _____ Cooperative Representative

_____ Title