

HOOD RIVER SUPPLY ASSOCIATION
MEMBERSHIP APPLICATION AND TAX CONSENT

The undersigned hereby makes application for membership in Hood River Supply Association, an Oregon cooperative corporation, and agrees to be bound and abide by the Articles of Incorporation and the Bylaws of the Association, now or hereafter in effect.

As a condition to such membership application is hereby made for one (1) share of class "A" voting common stock in return for a membership of \$10.00. After such membership shall have been in force and effect for a period of one (1) year from the date of its acceptance by the Association, such membership may be withdrawn by filing a written notice of withdrawal with the secretary of the Association at least sixty (60) days before the effective date of withdrawal. It is understood that each member shall be entitled to one (1) vote in the Association. The undersigned understands that membership stock is not assessable, but authorizes the Association to apply future patronage refunds towards the balance not paid in cash in order to acquire membership.

The undersigned does hereby agree and consent that the amount of any distributions with respect to the undersigned patronage occurring in any fiscal year which are made in written notices of allocation (as defined in 26 U.S.C., 1388 of the Internal Revenue Code) and which are received by the undersigned by it from the cooperative, will be taken into account by the undersigned at their stated dollars amounts in the manner provided in 26 U.S.C., 1385 in the taxable year in which such written notice of allocation are received by the undersigned.

DATED this _____ day of _____, 20__

INDIVIDUAL
APPLICANT:

(APPLICANT)

SS# _____

(APPLICANT)

SS# _____

(APPLICANT)

SS# _____

CORPORATION
APPLICANT:

(CORPORATE NAME)

DESIGNATED VOTING
OFFICER)

EMPLOYER I.D. NO.

PARTNERSHIP
APPLICANT:

(PARTNERSHIP NAME)

(PARTNER)

(PARTNER)

(PARTNER)

EMPLOYER I.D. No.

(If the member is to be a partnership, please show partnership name and the signatures of all partners; if a corporation, please show corporate name and designates officer to act for corporation; if the applicant is more than one individual and the applicants desire to hold membership as joint tenants with right of survivorship, please check the box stating below the signature of all individual applicants)

APPLICANTS MAILING ADDRESS: _____

SIGNATURE _____

BIRTHDATE _____