

Shared Capital™ Cooperative Membership Application Instructions

Membership Requirements

Individual: An individual member must purchase at least \$100 of equity. Individual members are grouped together as one, collective vote.

Cooperatives: Equity for cooperative enterprises is based on assets (see table below). Each organization has one vote.

Asset Value	Up to \$50,000	Up to \$250,000	Up to \$500,000	Up to \$1,000,000	Up to \$5,000,000	Up to \$10,000,000	Up to \$25,000,000	Over \$25,000,000
Equity	\$150	\$500	\$1,000	\$2,000	\$3,000	\$5,000	\$7,500	\$10,000

Housing: Equity for housing co-ops is based on the number of units (below).

	Housing	Low income & student*
Per unit	\$50	\$25
Minimum	\$500	\$250
Maximum	\$6,000	\$3,000

**Housing co-ops qualifying as low-income housing under HUD guidelines and any co-op for which more than 50% of residents are students.*

Familiarize yourself with the enclosed bylaws of Shared Capital Cooperative and your rights and responsibilities as a member.

Fill out **ALL** the appropriate sections of the enclosed membership application. Cooperative organizational applicants fill out the top sections; individual applicants fill out the bottom sections.

Email or mail the signed application, a copy of your most recent year-end financial reports, and equity payment to Shared Capital Cooperative at:

Shared Capital Cooperative
2600 E Franklin Avenue #2
Minneapolis, MN 55406
Fax: 612-454-2699

Once we receive your application (and equity payment) and it has been approved by the Shared Capital Cooperative Board of Directors, you will receive an acknowledgment from us. For more membership information, please call 612-767-2115 or send an email to info@sharedcapital.coop. For more information on Shared Capital Cooperative, please visit our website at www.sharedcapital.coop.



**Shared Capital
Cooperative**

OFFICIAL USE ONLY	
Staff Initials:	Date:
Member #	

Shared Capital Cooperative Membership Application		
Organizational Membership Application		
Co-op Name:		
Year of Incorporation:	EIN:	Phone:
Current Address:		Fax:
City & State:	County:	Postal Code:
Web Address:	E-mail:	
Type of Co-op: <input type="checkbox"/> Consumer <input type="checkbox"/> Housing <input type="checkbox"/> Land <input type="checkbox"/> Producer <input type="checkbox"/> Credit Union <input type="checkbox"/> Worker <input type="checkbox"/> Other: _____		
Specific Economic Sector:		
# of Members:	# of Employees:	Asset Level:
# of Housing Co-op Units (If applicable):		Equity Investment:
Representative Contact		
Name:		Title:
Preferred pronoun, if you wish to specify (i.e.,she/her/hers, he/him/his, they/them/theirs):		
E-mail:		Phone:
Individual Membership Application		
Name:		SSN:
Preferred pronoun, if you wish to specify (i.e.,she/her/hers, he/him/his, they/them/theirs):		
Address:		Phone:
City & State:	County:	Postal Code:
E-mail:		Equity Investment: \$100.00
<p>By signing and submitting this application for membership, you agree to comply with the requirements of the bylaws of Shared Capital Cooperative and other Board of Director requirements, and to purchase the required level of equity. A prompt review of the information included in this application will be made. Additional information may be required after review by the Shared Capital Board of Directors before membership is granted.</p>		
Signature of Applicant:		Date:

Return this form and payment to:
 Shared Capital Cooperative
 2600 E Franklin Avenue #2
 Minneapolis, MN 55406
 Fax: 612-454-2699
 Email: info@sharedcapital.coop