

Yes, I would like to become a  
**MEGA! CO-OP MEMBER**

~ or ~

I would like to become a  
**MEGA! CO-OP STOCKHOLDER**  
by purchasing a \$100 share of  
stock in Consumers Cooperative.  
*Please send me information.*

Please Return Completed Form:

**Mail to:** Mega! CO-OP  
Member Services  
P.O. Box 3155  
Eau Claire, WI 54702-3155

**Deliver to:** A team member at any Mega!  
Co-op convenience store

[www.megacoop.com](http://www.megacoop.com)

# MEGA CO-OP APPLICATION

\* Required

\*FIRST NAME ↑

MI

\*LAST NAME ↑

SPOUSE'S NAME ↑

\*STREET ADDRESS ↑

APT / SUITE / OTHER ↑

\*CITY ↑

\*STATE ↑

\*ZIP CODE ↑

E-MAIL ADDRESS ↑

\*AREA CODE ↑

\*PHONE NUMBER ↑

ARE YOU A MEGA EMPLOYEE?  YES  NO

BIRTHDATE ↑ MM/DD/YYYY

By signing this application, I am requesting membership in Mega! Co-op and acknowledge that I need to spend no less than \$500 each fiscal year to keep my membership active. I further understand that failing to meet the minimum purchase requirement for 2 consecutive fiscal years will result in termination of membership and forfeiture of any accumulated equity credits.

\*SIGNATURE:

DATE:

STORE STAFF USE ONLY:

Store: \_\_\_\_\_

Cashier: \_\_\_\_\_