



Purple Porch Cooperative, Inc., 123 N. Hill Street, South Bend, IN 46617

### Member-Owner Application

\* required

**1. Rights and Responsibilities:** I have read and understand the rights and responsibilities of member-ownership in the Purple Porch Cooperative (available at [www.purpleporchcoop.com/owner-application](http://www.purpleporchcoop.com/owner-application)).

\* initial here \_\_\_\_\_

**2. Payment:** To provide capital funds and acquire a Member-Owner Capital Certificate, I subscribe to purchase the following share(s):

\* select one

- \$200 one-time payment (preferred)
- \$200 payment plan (circle one: \$10/month, \$25/month, or \$50/month)
- \$100 low-income share (see below)
- \$100 low-income share payment plan (\$5/month for 20 months)

*Note: Those purchasing low-income shares hold the same rights and responsibilities as those purchasing equity shares. If this subscription is for a share at the low-income level, I certify that I am either a recipient of one or more of the following: food stamps (EBT), supplemental security income (SSI), Medicaid, WIC program, Family Health Plus and Child Health Plus, or Section 8 housing subsidy; or could qualify for such programs if I chose; or meet Federal Low-Income Guidelines based on my income and family size. If/when able at a later time, I will pay the additional \$100.*

### 3. Contact information:

- \* Name \_\_\_\_\_
- \* Street Address \_\_\_\_\_
- \* City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- \* Email \_\_\_\_\_
- \* Phone 1 \_\_\_\_\_ Phone 2 (optional) \_\_\_\_\_
- \* Additional adult member(s) of household to be listed as patrons:  
\_\_\_\_\_

[www.PurplePorchCoop.com](http://www.PurplePorchCoop.com)  
574.287.6724



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