OSAGE COOPERATIVE ELEVATOR

APPLICATION FOR MEMBERSHIP

I,, the undersigned, d Cooperative Elevator, Osage, Iowa, and that I am (1) an agricult or (2) a patron of the cooperative, but not an agricultural produce	
I do further subscribe for one (1) share of Common Stoo	ck, Class, of the par value, and at the price of \$
Tendered in payment now:	
In cash (A minimum of \$	
Total	\$
Balance Owing*	\$
*Any balance owing I promise to pay through the applic	cation of patronage dividends.
to me by said cooperative, which are made in written notices of a Revenue Code as amended by the Revenue Act of 1962) will be amounts in the manner provided in Section 1385 (a) of the U.S. notices of allocation are received from said cooperative. The foregoing shall be fully effective and irrevocable or	taken into account by the undersigned at their stated dollar Internal Revenue Code in taxable years in which such written acceptance by the Board of Directors of the Osage
Cooperative Elevator, Osage, Iowa. However, should the forego submitted will this application shall be refunded in full.	ing be rejected by the said Board of Directors, any cash
(Right of Set-off) Shareholder/Patron hereby grants to eset-off as security for all Obligations to Osage Cooperative Elevand against all deposits, credits, collateral, patronage dividends, custody, safekeeping or control of Osage Cooperative Elevator of (including a Collateral Agent affiliate). At any time after the occurrence without demand or notice, Osage Cooperative Elevator may set-liability or obligation of Shareholder/Patron.	crops, stock and property, now or hereafter in the possession, or any entity under the control of Osage Cooperative Elevator currence and during the continuance of an Event or Default,
I understand that if I cease to patronize the cooperative, may then be canceled and any common stock issued to me may be	I will become ineligible for membership, and my membership by canceled without other notice than this agreement.
Dated this day of	······································
	Signature of Applicant
	Social Security Number
	Address
Accepted by Directors on,	City and State Zip Code
, President	
Secretary	Birthdate—Month- Day- Year