**BLACK SWAMP LOCAL FOOD AND FARM COOPERATIVE**

**CONSUMER MEMBERSHIP AGREEMENT and APPLICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby agree to participate in Black Swamp Local Food and Farm Cooperative, an Ohio Cooperative (“Company”), as an active Consumer Member subject to the following terms and conditions.

AS A CONSUMER MEMBER I UNDERSTAND THAT:

1. I have read or have had the opportunity to read the Company Bylaws and understand that I must abide by the Bylaws of the Company.
2. I understand that a non-refundable registration fee is required to purchase online products and such registration fee is $12/year. Fees, other than registration, may be charged at the discretion of the Board of Directors (“BOD”).
3. I have read and understand the Consumer Terms of Service and agree to abide by them.
4. I understand that Consumer Membership does not provide voting privileges in the cooperative.
5. I understand that the intent of the Company is to provide an opportunity for local food producers and local consumers to buy/sell locally produced food. However, the Company does not make any guarantees relating to the pricing, quality, or safety of the food.
6. I understand that a percentage of each transaction shall be charge by the Company for operating expenses. The BOD shall establish this percentage annually at their discretion. Currently the percentage is 10% upcharge on each weekly order.
7. A member’s entire household or private business may use the services of the Company under one registered name. Any additional households or businesses will require additional registration and fees.

Signed forms must accompany a check ($12.00) for the registration fee and can be mailed to: Black Swamp Local Food and Farm Cooperative, Inc., c/o Brian Schlatter, 18637 Rd. 168, Defiance, OH 43512

Signed this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail (REQUIRED): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_