



413 NORTHWESTERN AVE., AMES, IA 50010 • 515-232-4094 • FAX 515-233-0040

WWW.WHEATSFIELD.COOP • MEMBERSHIP@WHEATSFIELD.COOP

WITHDRAWAL FROM MEMBERSHIP

TODAY'S DATE

MEMBER LAST NAME

FIRST NAME

MEMBER #

I HEREBY WITHDRAW FROM MEMBERSHIP IN WHEATSFIELD COOPERATIVE

I REQUEST THAT:

AND/OR:

Wheatsfield **keep**, as a donation from me, the
\$ _____ I paid

Wheatsfield **refund** to me the
\$ _____ I paid

I AM WITHDRAWING BECAUSE:

We are always interested to know why members withdraw from the co-op. We trust that you have enjoyed shopping at Wheatsfield Co-op and are leaving as a satisfied customer. If there was some product or service you were unhappy with, we would like to know so we can improve and fix the situation.

I AM MOVING OTHER _____

SIGNATURE _____

FORWARDING ADDRESS _____

CITY _____ STATE _____ ZIP _____

In accordance with Section 5, Article 4 of the Articles of Incorporation the Board of Directors will decide whether or not to accept the request for withdrawal. If accepted, shares will be refunded within one year.

OFFICE USE

DATE RECEIVED _____

CHECK NUMBER _____

OFFICIAL WITHDRAWAL DATE _____

DATE OF CHECK _____