



P.O. Box 111, Monte Vista, CO 81144

(719) 852-5181

www.mvcoop.com

Fax (719) 852-3418

Dear Prospective Member:

I would like to take this opportunity to thank you for your interest in services and products offered by the Monte Vista, Center, Alamosa and La Jara locations of the Monte Vista Cooperative.

Following this letter you will find the required forms to become a member of this cooperative. Please fill them out and return them to the Cooperative's main office. We can then process them and approve your membership.

It is not a requirement for you to be a member to obtain all the services and products we offer. However, you must be a member of the association to benefit from any patronage that we normally pay at the close of our fiscal year. Through the years, these refunds have been substantial.

A membership can be established by completing the attached patron's consent form, W-9, and customer profile information sheet. Your membership fee of \$100.00 (one hundred dollars) for Non-Voting membership and \$250.00 (two hundred fifty dollars) for Voting membership payable to the Monte Vista Cooperative must also accompany these forms. The fee is a one-time fee for a life-time membership.

Once you have purchased a membership, you are eligible to participate in the following benefits:

1. Patronage refunds which are based on your purchases.
2. Special rates on cellular and internet services through Viaero Wireless.

Again, thanks for your interest in the Monte Vista Co-op. We look forward to providing service to you in any way that we can.

Sincerely,

Eric Hinton
President/CEO

Please complete, sign and return the next three pages with your one-life time fee.

Monte Vista Cooperative

PATRON'S INDIVIDUAL CONSENT FROM

(Please Print)

I/We _____ hereby give written consent that the amount of any distributions with respect to my patronage which are made in written notices of allocation (as defined in 26 U.S.C. 1388) and which are received by me/us from Monte Vista Cooperative Inc. will be taken into account by me at their stated dollar amounts in the manner provided in (28 U.S.C. 1385) in the taxable year in which such written notices of allocation are received by me/us, with respect to my/our income tax for said year.

I/We hereby state that I/We ___ do ___ do not file a schedule 'F' yearly with the U.S. Department of Revenue and therefore, I/We ___ am/are ___ am/are not an agricultural producer under the definition of the Monte Vista Cooperative. I/We also agree to notify the Monte Vista Cooperative if at any time in future my/our standing under the above definition should change. If you do file a Schedule 'F', please indicate how many acres, where and in what crops:

This agreement may be revoked by me/us at any time in writing and signed by me/us. Such revocation, when given to the Cooperative shall be effective only with respect to patronage occurring after the close of the taxable year of the Cooperative during which the revocation is filed with it.

APPLICANT:

CO-APPLICANT:

NAME: _____
SOCIAL SECURITY #: _____
BIRTHDATE: _____
ADDRESS: _____

PHONE #: _____
SIGNATURE: _____
DATE: _____

NAME: _____
SOCIAL SECURITY #: _____
BIRTHDATE: _____
ADDRESS: _____

PHONE #: _____
SIGNATURE: _____
DATE: _____

Please be sure to complete the accompanying W-9 for and return it with this form and your one time fee.

(For Office Use only please)

P.I.C. taken by : (employee name) _____ Date: _____ Ticket #: _____
Account Titled: _____ Account Number: _____
Membership Certificate #: _____

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
Address (number, street, and apt. or suite no.)	
City, state, and ZIP code	Requester's name and address (optional)
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number										
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OR										
Employer identification number										
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

CUSTOMER PROFILE INFORMATION FORM

The purpose of this optional form is to provide you with better service and/or products based on your needs. We appreciate your taking a few minutes to complete this form. The information you provide will be kept confidential.

Please print.

Account holder's name: _____ Phone: _____

Address: _____
FAMILY MEMBERS
Names & birthdates: _____

Occupation(s): _____

Hobbies or outside interests: _____

1. Do you have animals? Please specify if so: _____

2. Do you farm or ranch? If so, please tell us what crops you raise: _____

3. What machinery or equipment do you currently use in your farm/ranch operation: _____

4. If you have a shop or work area, what tools do you use? _____

Please mark the products or services that you currently have a need for:

_____ Propane

_____ Seed

_____ Fertilizer

_____ Grain Storage

_____ Grain Marketing

_____ Refined Fuel Home Delivery

_____ Feed Products

_____ Gas Station

_____ Tires, Batteries & Accessories

_____ Machinery

_____ Metal Buildings

_____ Home Improvement Items

_____ Chemicals

_____ Tools

_____ Hobbies

_____ Fencing

_____ Appliances

_____ Horse/Livestock Trailers

Other: _____

Additional Information: _____

Thank you. Your input is important to us and we like to hear from you!

Remember that the Monte Vista Co-op is a member owned business... It's your business!
Your support will keep your business strong!