



APPLICATION FOR MEMBERSHIP

PO Box 2188, Scottsbluff, Nebraska 69361

phone 308-632-5301

toll free 800-732-4546 fax 308-632-5375

****Account Number****

I (we) hereby apply for membership in Legacy Cooperative, Scottsbluff, Nebraska. Qualified agricultural producers will hold voting common stock while all other Qualified members will hold non-voting certificates of participation. Patronage will be allocated to members based upon the business conducted with the association. Qualifications for membership are set forth in the Cooperative's bylaws.

Please select from the following:

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I am an agricultural producer and choose to be a member.

I am not an agricultural producer and choose to be a member.

I choose not to be a member. I understand no patronage will be earned on my account.

The undersigned Patron(s) of the Legacy Cooperative, Scottsbluff, Nebraska, consent(s) that the amount of any distribution with respect to their patronage which is made, shall be declared as patronage dividend in the taxable year in which they are received. This agreement shall be in effect pursuant to approval of a representative of Cooperative and shall remain enforce unless revoked under Section 1388(3)(b) for all subsequent taxable years.

This agreement may be revoked by the Patron at any time in writing and signed by a representative of the Cooperative. Such revocation 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. The Patron acknowledges that any Certificate of Participation issued is subject to all provisions of the Articles of Incorporation and Bylaws of the Cooperative.

The Patron(s) under penalties of perjury, certifies that the number(s) shown on this form is the correct taxpayer(s) identification number and all taxable interest and dividends will be reported on an appropriate tax return. The Patron shall be subject to backup withholding of 28% of any patronage issued if a Taxpayer Identification Number is not provided.

Name of applicant(s) or Business for account to be held.

If a joint account is requested, please list both names

Social Security # (or FEIN)

Date of Birth

Social Security # (or FEIN)

Date of Birth

Mailing Address

City

State

Zip

Phone (cell phone)

Phone (cell phone)

Email Address

Signature of applicant

Date

Signature of applicant

Date

Posted By

Post Date