



RIVER VALLEY COOPERATIVE

Site Address:
254 E. 90th Street
Davenport, IA 52806

Mailing Address:
P.O. Box 256
Eldridge, IA 52748

Phone: 866.962.7820
www.rivervalleycoop.com

MEMBERSHIP APPLICATION AND SUBSCRIPTION AGREEMENT

The undersigned, being eligible for membership in **River Valley Cooperative** (the "Association"), with operations in Iowa and Illinois, hereby applies for membership and subscribes for one (1) share of the Common Stock of the Association.

Remittance in the amount of Two Hundred Dollars (\$200) for a Class A membership or One Hundred Dollars (\$100) for a Class B membership in cash is tendered herewith. This application and subscription are subject to acceptance by the Association and shall be fully effective and irrevocable on acceptance by the Board of Directors of the Association noted hereon by its Secretary without notice to the undersigned. It is also agreed as follows:

1. After the monthly Board meeting, the undersigned will receive and have the opportunity to review a copy of the Articles and By-laws of the Association and the most recent Annual Report of the Association.
2. The undersigned hereby consents that the amounts of any distribution with respect to his (its) patronage which are made in written notices of allocation (as defined in 26 USC S1388) will be taken into account by him (it) at its stated dollar amount in the manner provided in S1385(a) of the U.S. Internal Revenue Code in the taxable year in which such written notices of allocation are received by him (it), all in accordance with Article VI of the By-laws of the Association.
3. The undersigned is (check one):
 - Class A - a farmer (including a farm tenant or landlord on a crop-share basis); or
 - Class B - a person other than a farmer who customarily uses the supplies, commodities or services of the Association.

THE MEMBERSHIP OF THE ASSOCIATION IS NOT TRANSFERABLE, EXCEPT FOR REPURCHASE BY THE ASSOCIATION.

Dated _____ Signature _____

Please issue membership as follows:

NAME _____ Social Security or Federal I.D. Number _____
ADDRESS _____
CITY _____
STATE & ZIP CODE _____