

Owner Equity Change Form

Please return to: Viroqua Food Co+op, Attn: Outreach Coordinator, 609 N Main St, Viroqua, WI 54665 Typical requests are processed within 30 days of receipt.

Date:	☐ One-Adult (Owner □ T	wo-Adult Owner	Owner Number:	
Owner #1 Name:			Owner #2 Name:		
Address/City/State/Zi	p:				
Phone Owner #I:			Phone Owner #2:		
Email Owner #1:			Email Owner #2:		
Each one-adult VFC two shares (\$50) of	-		are (\$25) of Class	B non-refundable stock and	
By signing this form	n, you are aut	horizing the	below changes	to your ownership.	
Owner #1 Signature:				Date:	
Owner #2 Signature: (Second signature required for change)					
-	(Second signature	required for chai	nges to two-adult owr	nerships)	
TWO-ADULT OV ☐ We request that ou	VNERSHIP EC r two-adult owne paid in full and v	QUITY SEPA rship be divided ve will be issued	l into two one-adult	ownerships. We understand that ou umbers to maintain accurate	
Owner #1 Address:			Owner #2 Address:		
Owner #1 City:			Owner #2 City:		
Owner #1 State/Zip:			Owner #2 State/Zip:		
Owner #I New Owner Number:			Owner #2 New Owner Number:		
Staff Use Only					
Form Processed by:			ed:	☐ Record Updated in POS	
Amount Reimbursed:		Check Number	er:	·	
Notes:					

Owner Equity Withdrawal Voluntary Survey: We'd really like to know... I/we are withdrawing our equity from the VFC for the following reasons: (check as many as apply) Moving out of the area No longer shopping at the Co-op Greater need for money for something else Dissatisfaction with: