## **Producers Cooperative Elevator**

P.O. Box 69 Floydada, Texas 79235 Phone: (806) 983-2821 Fax: (806) 983-2800

## **APPLICATION FOR MEMBERSHIP**

membership in Producers of In bound by the Articles of In acknowledge receipt of a concerning consent to men written notification of the a	Cooperative elevate corporation and by opy of the provision abers under the Interdoption of this proas payment of the	products, hereby apply for or, and agree to comply with v-laws of the cooperative and of the by-laws of the cooperative and ternal Revenue Act of 1962, a vision and of its significance. The required Membership Certains are to membership.	rative and of a I enclose
EXECUTED this	day of	, 20	
Name of Applicant			
Address of Applicant			
Applicant's Social Security	Number		

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## **PATRONS CONSENT AGREEMENT**

I, the undersigned patron of Producers Cooperative Elevator, hereby consent that the amount of any distributions with respect to my patronage occurring after the date hereinafter set out, which are made in written notices of allocation (as defined in 26 USC 1388) and which are received by me from the Cooperative, will be taken into account by me at their stated dollar amounts in the manner provided for in 26 USC 1385 (a) in the taxable year in which a written notice of allocation is received by me.

I understand that this consent may be revoked in writing by me at any time, but that such revocation shall be effective with respect to patronage occurring on or after the first day of the taxable year of the Cooperative, Beginning after such written revocation is filled by me with the Cooperative.

	This consent is effective as of day of	, 20
Patron		