

Llama Fiber Cooperative of North America Membership Application

Please print information clearly

First and Last Name: _____

First and Last Name: _____

Farm or Ranch Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip code: _____

Phone Number: _____ Mobile Number: _____

Web Site: _____

Email Address(s): _____

In order to pay patronage refunds, the cooperative is required to file tax forms with the Internal Revenue Service. This tax information will be held in confidence.

Employer Identification Number: _____

Social Security Number: _____

I(We) wish to join the Llama Fiber Cooperative of North America. The initial membership fee of \$ _____ is attached. I(We) understand my membership requirements to contribute fiber to the cooperative on a regular basis and to volunteer labor to the cooperative.

Signature

Date

Signature

Date

Please mail completed form and check to:

**Llama Fiber Cooperative of North America
c/o Tracey McGinnis
22615 Cinder Avenue
Warrens, WI 54666**