



WILD ROOT MARKET OWNER SUBSCRIPTION BECOME A PIONEERING OWNER OF WILD ROOT MARKET TODAY!

Our mission is to enhance the quality of life and economic vitality of Southeastern Wisconsin through the sustainable operation of a full-service, cooperatively-owned grocery committed to serving its community, employees and owners while working as part of a stronger local food system.

The cost of a Wild Root Market Cooperative membership share is \$200.00. The full share price pays for pre-construction and renovation expenses and helps the project run smoothly and on time. Membership shares can be paid in full (\$200) or in four (4) quarterly installments of \$50.00 over one year.

For those who have been wanting to join but have been unable because of financial considerations, we have established a third option: eight (8) quarterly installments payable over TWO (2) years. As a small business in the capitalization phase of our start-up **we ask you to make this choice only when you would otherwise be unable to join.***

We applaud your selfless act of joining the co-op before you are able to realize any personal benefit. As a Wild Root Market Pioneering Owner, you are opening up new frontiers by investing in the establishment, financial success, and long-term sustainability of Wild Root Market.

YES, I WISH TO BECOME A WILD ROOT MARKET PIONEERING OWNER!

Name _____ Email _____
Address _____ City _____ State ____ Zip Code _____
Home Phone _____ Cell Phone _____

I heard about Wild Root Market from: _____

I certify that I have reviewed the By-Laws of Wild Root Market at www.wildrootmarket.coop and agree to abide by and adhere to them.

Signature: _____

- I elect to submit a check for \$200 for a full equity ownership share.
- My initial check for \$50 is enclosed. I agree to pay three (3) additional \$50 payments on a quarterly basis.
- My initial check for \$25 is enclosed. I agree to pay seven (7) additional \$25 payments on a quarterly basis.*
- I have read the Privacy Policy at www.wildrootmarket.coop and allow Wild Root Market to identify me as an Owner.

Please mail this form along with your payment to: **Wild Root Market, P.O. Box 443, Racine, WI 53401**

For administrative use: Check: # _____ Amount: \$ _____ Member: # _____ Date: _____