



MONTANA COUNCIL OF COOPERATIVES

NEW MEMBER ENROLLMENT FORM - 2017

Cooperatives assisted by the Montana Cooperative Development Center and incorporated after 2007 are entitled to a three-year introductory Council membership of \$50/year.

Name of Cooperative: _____

Contact Person's Name: _____ Phone: _____

Title: _____ Email Address: _____

Mailing Address: _____

City, State, Zip: _____

Website Address: _____ Fax: _____

Type of Cooperative: Utility _____ Credit Union _____ Farm/Fuel Supply _____

Ag Producer/Marketing _____ Consumer/Retail _____ Shared Service _____

Community/Investment _____ Housing Co-op _____ Worker-Owned _____

No. of Members: _____ No. of Staff: _____ Year of Incorporation: _____

Co-op Development Specialist who assisted with co-op formation: _____

Comments: _____

Please submit this application with your \$50 dues payment (checks payable to MCOC) to:

Montana Council of Cooperatives
PO Box 3027
Great Falls, MT 59403

Dues may also be paid online through the Montana Cooperative Development Center website at: www.montanacouncil.coop/membership Questions? Call 406-727-1517