



## Equity Refund Request Form

Name: \_\_\_\_\_

Owner Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

I have elected to terminate my membership in Fiddleheads Natural Food Cooperative and request that my capital contribution (equity) be refunded.

I understand that all owner equity refunds must be approved by the Fiddleheads Board of Directors per FFC bylaws which delays processing my request until after the next scheduled Board of Directors meeting. I understand that approved equity refunds are usually refunded within two weeks of the Board of Directors meeting.

Please mail my refund to the following address:

Address: \_\_\_\_\_  
\_\_\_\_\_

Reason for leaving the co-op: (Optional) \_\_\_\_\_

Member-Owner Signature: \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	revised 01/2020
Received: _____	Initials: _____ Equity Paid \$ _____
Added to Consent Agenda for BoD Meeting (MM/YY) _____	
Processed through Catapult and Logged _____	
Date Refunded: _____	Amount Refunded (Equity paid) _____
Check # _____	Account # _____ Amount \$ _____
Filed By: _____	Date: _____