



Termination of Membership & Equity Disposition Request Form

Name: _____

Owner Number: _____

Phone Number: _____ Email address: _____

I have elected to terminate my membership in Fiddleheads Natural Food Cooperative. I understand that this will end my rights as a Member-Owner under the Fiddleheads Bylaws. I also understand that I may request to have my capital contribution (equity) refunded or that I may elect to forfeit this equity as a contribution to the co-operative.

Reason for leaving the co-op: (Optional) _____

I request that my capital contribution (equity) be forfeited to the co-operative.

OR

I 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: _____

Member-Owner Signature: _____ Date _____

For Office Use Only

revised 05/2021

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: _____