

PATRON AGREEMENT AND APPLICATION FOR MEMBERSHIP

The Undersigned agrees to deal with the Association on a cooperative basis and hereby applies for membership in the Association. Pending issuance of membership stock, it is agreed the Undersigned shall be deemed a Patron under the Associations By-Laws and entitles to any patronage refund payable with respect to transactions occurring subsequent to the date this application is accepted and until such membership stock is used or this agreement is canceled.

General Instructions for completion of Membership Application:

1. Applicant must complete all 3 parts of the application to be valid.
2. All potential members' names and Taxpayer Identification Numbers (TIN) will be verified with the Internal Revenue Services

PART 1

REQUIRED: Check the appropriate box that is applicable to your form of business and for your federal tax classification.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Sole Proprietorship (Sole Owner)/Joint Account – Enter your individual name(s) as show on your income tax return on the "name" line. You may enter your business, trade, or "doing business as (DBA)" on the "Business name/disregarded entity name" line. If joint account, please circle the person or entity whose TIN is listed below and check below the proper tenants. |
| <input type="checkbox"/> | Joint Tenants in Common with NO right of survivorship – Owners of securities are not husband and wife, and each owns an undivided half interest. This registration should be used where the owners of the securities intend to establish a relationship between them known as "Tenants in Common"; whereby the death of one party DOES NOT automatically gives the survivors full ownership. Interest of the deceased owner passes to the beneficiaries of his estate. |
| <input type="checkbox"/> | Joint Tenants with Right of Survivorship and not as Tenants in Common – Owners of securities are not husband and wife, but desire to form ownership in the securities whereby the death of any registered owner will result in survivor automatically becoming owner of deceased owner's interest. |
| <input type="checkbox"/> | Tenants by the Entirety with the Right of Survivorship – Husband and wife desire to create a form of ownership in the securities, so that on death of one, the survivor automatically becomes sole owner of the securities. |
| <input type="checkbox"/> | Partnership – Enter the entity's registered name with the IRS on the "name" line and any business, trade, or "doing business as (DBA)" name on the "business name/disregarded entity name" line. |
| <input type="checkbox"/> | Limited Liability Company/Corporation/Trust/Estates/Other – Enter the entity's registered name on the "name" line and any business, trade, or "doing business as (DBA)" name on the "business name/disregarded entity name" line. Limited liability company (enter tax classification (C=C Corporation; S=S Corporation; P=Partnership) _____ C-Corporation S-Corporation Trust/Estate Other |

PART 2

Enter your name or entity name and TIN in the appropriate box below. The TIN provided must match the name given on the name or business name/disregarded entity name line to avoid backup withholding.

| | | |
|---|-------|--------------------------------|
| Name (as shown on your income tax return) | | Social Security Number |
| Business Name/Disregarded Entity Name (if different than above) | | Employer Identification Number |
| Street Address | | Telephone Number |
| City | State | Zip Code |

Print full names of all parties associated with the Joint Partnership, or LLC in the space provided below (attach a separate schedule if necessary). If Joint Account, please circle the person or entity whose TIN is listed above.

| First Name | Middle Initial | Last Name |
|------------|----------------|-----------|
| | | |
| | | |
| | | |

PART 3

Certification and Substitute Form W-9.

- A. I agree to be bound by the terms and conditions of the Articles of Incorporation and By-Laws of the Association, including the consent provision of the By-Laws under which each members agrees to take into income, at their state value, all qualified written notice of allocation received from the cooperative in accordance with 26 U.S.C. Section 1385 (a) and that such written notices of allocation will be taken into income in the year which received.
- B. Under penalties of perjury, I certify that:
- 1) The following taxpayer identification number _____, is correct
Social Security/Employer Identification Number
 (or I am waiting for a number to be issued to me), and
 - 2) I am subject to backup withholding because: (a) I am exempt for backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 - 3) I am a U.S. person (including a U.S. resident alien).

Instructions – Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding

Exempt Payee (check this box if you are Exempt from Backup Withholding)

Federal or state government, including instrumentalities thereof.

Tax Exempt entity under 501(a) of the Internal Revenue Code (includes 501(c) & (d) organizations)

Certified by _____
Signature of Sole Proprietor/Partner/Member/Corporate Officer Date

Signature of Sole Proprietor/Partner/Member/Corporate Officer Date

Membership Information:

The Stock and Refund Accounting Department will mail information including the By-Laws to you upon completions of this Agreement. If you have questions about this Contract Application, or wish to receive information prior to submitting this Agreement, please call toll free 800-962-8118, Monday through Friday, 8:30 AM TO 4:30 PM, EST.

| For Corporate Office Use Only | | Stock Records Patron Number |
|-------------------------------|-----------------|--------------------------------|
| Location Name | Location Number | Store Patron Number (6 digits) |

Mail this form to:
 Attention: Membership Application
 EverGRO Cooperative
 P.O. Box 590
 Orange, VA 22960

Accepted by _____
(Signature of Store Personnel – ONLY) Date