



Member-owner Termination Form

Dear Member-owner,

We are very sorry to lose you! Please help us track why member-owners leave by checking all that apply:

- Moving Financial
- Dissatisfied with the Co-op

Please tell us why: _____

Other: _____

Member-Owner # _____ Name _____

Street/ Box _____

City/Town _____ State _____ Zip _____

Please consider donating your equity money to our membership payment deferral program. Program recipients often buy most of their food here and are usually working member-owners, which qualifies them for a discount. We screen our deferral applicants to assess their financial need. The applicants must renew annually and the money stays with the Co-op for use by future applicants.

Please cancel my stock:

___ Donate my stock money to the payment deferral fund.

___ Send me a refund. Please send my check to the above address.

Please sign: _____ Member number: _____

Today's Date _____

Franklin Community Cooperative has up to 60 days to refund your equity.