



CRESCENT COOP, LLC

555 GROVE ST STE 102

HERNDON, VA 20170

☎ 703 672 0210

🌐 WWW.CRESCENTCOOP.COM

✉ INFO@CRESCENTCOOP.COM

OFFICIAL USE ONLY

RECEIVED BY: _____ DATE: _____

AMOUNT RECEIVED: _____ SHARES ISSUED: _____

SHARE CERTIFICATE#: _____

COMMENTS: _____

GENERAL MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION (PLEASE TYPE OR PRINT)

NAME: _____
FIRST Mi LAST

ADDRESS: _____
NUMBER & STREET CITY STATE, ZIP CODE

SSN (OPTIONAL): _____ PHONE (HOME): _____

PHONE (CELL): _____ E-MAIL: _____

PROFESSION: _____ CITIZENSHIP (OPTIONAL): _____

EMPLOYER NAME: _____ WORK PHONE: _____

BENEFICIARY

1) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
NUMBER & STREET CITY STATE, ZIP CODE

2) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____
NUMBER & STREET CITY STATE, ZIP CODE

PERSONAL REFERENCES

1) NAME: _____ PHONE: _____

2) NAME: _____ PHONE: _____

STATEMENT OF CONSENT

I HEREBY DECLARE THAT I HAVE READ THE MEMBERSHIP REQUIREMENTS OF CRESCENT COOP, LLC AND I AGREE WITH EVERY REQUIREMENT OF THE MEMBERSHIP. THUS, I WILL ABIDE BY ALL OF THE REQUIREMENTS AND WILL ADHERE TO THE RULES AND REGULATIONS OF THE COOPERATIVE.

SIGNATURE OF THE APPLICANT: _____ DATE: _____

TOTAL AMOUNT ENCLOSED: \$ _____ MAKE CHECK PAYABLE TO CRESCENT COOP, LLC

REQUIREMENTS FOR OBTAINING AND SUSTAINING A MEMBERSHIP:

1. APPLICANT MUST BE A LAWFUL PERMANENT RESIDENT OF USA AND EITHER AT LEAST 18-YEARS OLD OR MINOR WITH A CUSTODIAN.
2. APPLICANT MUST PROVIDE ALL APPLICABLE INFORMATION ALONG WITH A NON-REFUNDABLE \$100.00 MEMBERSHIP FEE.
3. APPLICANT MUST READ, UNDERSTAND AND ADHERE TO THE BY-LAWS OF CRESCENT COOP, LLC (AVAILABLE AT [HTTPS://BIT.LY/3XXOAH7](https://bit.ly/3XXOAH7))