



Our Harvest Community-Owner Share Application

Community-Owner Shares are a one-time purchase. Each share costs \$100.

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

We will only use your contact information to communicate with you about Our Harvest Cooperative. We will never share your information with any other parties.

By signing below, I agree to the purchase of one Community-Owner Share in Our Harvest Cooperative. I understand that this application is subject to approval of the Board of Directors. I understand that my Community Owner rights are outlined in the bylaws of Our Harvest Cooperative, which are available at www.OurHarvest.coop.

Signature: _____

Date: _____

Please mail completed form and \$100 check made out to Our Harvest Cooperative to:

**Our Harvest Cooperative
215 East 14th St
Cincinnati, OH 45202**

Questions? 513.620.4642 OR ourharvest@ourharvest.coop