



Application for Membership / Participation and Consent

TO: The Board of Directors of Skyland Co-op, Inc.

Full Name of Applicant Individual -OR- Organization *

Applicant (and Applicant's authorized agent, if applicable) warrants that Applicant is a producer of agricultural products.

APPLICANT DOES HEREBY CONSENT to include in Applicant's gross taxable income, in the manner provided in 26 U.S.C. §1385(a), the stated dollar amount of any written notice of allocation which is received by Applicant from this cooperative. Applicant further consents and agrees to treat the stated dollar amount of all per-unit retain certificates received by the Applicant in connection with products marketed through the cooperative as representing a cash distribution which the undersigned has constructively received and which has been reinvested in the cooperative. The said "consent" is **REVOCABLE** pursuant to the **EXPLANATION** below.

Applicant hereby acknowledges receipt of instructions regarding access to the Bylaws of Skyland Co-op, Inc., and does hereby agree to comply with and adhere to the provisions of the Bylaws and any amendments thereto.

[View Bylaws](#)

Under penalty of perjury, I certify that the information that is provided on this form is true, correct and complete.

Social Security Number or Tax ID *

Applicant Date of Birth or Formation *



Month Day Year

Applicant Email Address *

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Check ONE appropriate box for federal tax classification of the person whose name is entered on line one. *

Individual/Sole Proprietor

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company

Applicant Signature

President Signature

President Full Name *

Secretary Signature

Secretary Full Name *

All Partner Signatures (Please have ALL Partners sign this application)

All Partner(s) Full Name(s) *

The foregoing consent is revocable by the Applicant in writing which is delivered to the association, PROVIDED HOWEVER, that such revocation is effective with respect to patronage occurring after the close of the association's fiscal year in which said written revocation is received. CONSENT IS REQUIRED FOR THE COOPERATIVE TO RECEIVE AN INCOME TAX DEDUCTION FOR ITS PATRONAGE ALLOCATIONS, pursuant to Subchapter T of The Internal Revenue Code, sections 1381 through 1388. By signing this document, Applicant agrees to include the total amount of any patronage allocation or dividend (not just the cash portion thereof) in Applicant's gross income in the year during which qualified written notice of allocation is received. While you are required to sign the foregoing consent, it relates to you only to the extent that your purchases from the association or sales to the association are related to your taxable income.

Form W-9

(Rev. November 2017) Request for Taxpayer Identification Number and Certification.

For instructions and the latest information go to www.irs.gov/FormW9

Name (as shown on your income tax return). *

First Name Middle Name Last Name

Business name/disregarded entity name, if different from above *

Check ONE appropriate box for federal tax classification of the person whose name is entered on line one. *

- | | |
|--|--|
| <input type="checkbox"/> Individual/sole proprietor or single-member LLC | <input type="checkbox"/> C Corporation |
| <input type="checkbox"/> S Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust/estate | <input type="checkbox"/> Limited liability company |

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

List account numbers here (optional)

Part 1: Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Social Security Number *

Employer Identification Number *

Part 2: Certification

1. Under penalties of perjury, I certify that:
The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (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. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Signature of U.S. Person
