

MEMBERSHIP APPLICATION

Application for membership in the RED RIVER FARM CO-OP, INC. is hereby submitted as provided for in the By-laws.

I agree to comply with the regulations and requirements of the By-laws, the policies established by the Board of Directors and any action passed by the membership in special or regular meeting.

I agree to assume full responsibilities of membership.

I agree to the following consent provision in regard to "Taxable Status of Patronage Dividends":

Each person who hereafter applies for and is accepted to membership in this cooperative, and each member of this cooperative on the effective date of this By-law who continues as a member after such date shall be such act alone, consent that the amount of any distributions with respect to his patronage occurring after _____, which are made in qualified written notices of allocation (as defined in Internal Revenue Code Section 1388(c)) and which are received by him from the cooperative, will be taken into account by him at their stated dollar amounts in the manner provided in Internal Revenue Code Section 1385(a) in the taxable year in which such qualified written notices of allocation are received by him. Further, if this cooperative should distribute a non-qualified written notice of allocation (as defined in Internal Revenue Code Section 1388(d)) each member of this cooperative likewise consents to take into account on the date of redemption the value of the proceeds so received.

I acknowledge receipt of a current copy of the By-laws.

It is understood that, if approved by the Board of Directors, I will be admitted with full rights of membership as soon as the par value of a \$50 share of stock has been earned or purchased.

I am a producer of agricultural products and reside, farm, or own land in the territory served by this cooperative.

Please issue the Stock Certificate in the name of: _____
Birthdate of Stockholder: _____

CERTIFICATION-Under penalty of perjury, I certify that the Social Security number of Taxpayer Identification number on this form is true, correct and complete.

Social Security or Taxpayer Identification number of Stockholder is: _____

Signed this _____ day of _____, 201__.

Signature: _____

Address: _____

DO NOT WRITE BELOW THIS LINE

Approved by the Board of Directors this _____ day of _____, 201__.

ATTEST: _____, Secretary

President: _____