

**George County Cooperative (AAL)
Membership Application**

Acct No. _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ SSN or TIN: _____

I am a producer of agricultural products: () Yes () No

By signing below, I hereby apply for membership in George County Cooperative (AAL) and agree to the terms of its by-laws. As a member, I will receive my proportionate share of earnings allocated by the cooperative and have the right to vote at membership meetings.

Signed: _____ Dated: _____