



Good. Local. Food.

945 S Riverside Ave  
Medford, OR 97501  
(541) 779-2667  
medfordfood.coop



### Owner Share Redemption

Date: \_\_\_\_\_

Owner Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby resign and request termination of my ownership in Medford Food Co-op. I understand that fully paid shares will be redeemed in accordance with the bylaws, and I request redemption of my \_\_\_\_ share(s). I understand that my ownership benefits will end with this resignation, effective immediately.

Owner Signature: \_\_\_\_\_

OFFICE USE ONLY		OFFICE USE ONLY		OFFICE USE ONLY	
<input type="checkbox"/> Primary Owner		<input type="checkbox"/> Value of Share(s) \$ _____			
MFC Authorized Official: _____					
<input type="checkbox"/> Check Mailed	Check Dated	____ / ____ / ____	Check #	_____	
<input type="checkbox"/> Inactivate membership account	<input type="checkbox"/> Disable coupons		<input type="checkbox"/> Update email list		
<input type="checkbox"/> Hide from lookup	<input type="checkbox"/> Update customer type				