



413 NORTHWESTERN AVE., AMES, IA 50010 • 515-232-4094 • FAX 515-233-0040  
WWW.WHEATSFIELD.COOP • MEMBERSHIP@WHEATSFIELD.COOP

# WITHDRAWAL FROM MEMBERSHIP

\_\_\_\_\_  
TODAY'S DATE

MEMBER LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MEMBER # \_\_\_\_\_

I HEREBY WITHDRAW FROM MEMBERSHIP IN WHEATSFIELD COOPERATIVE

I REQUEST THAT:

AND/OR:

Wheatsfield **keep**, as a donation from me, the  
\$ \_\_\_\_\_ I paid

Wheatsfield **refund** to me the  
\$ \_\_\_\_\_ I paid

I AM WITHDRAWING BECAUSE:

*We are always interested to know why members withdraw from the co-op. We trust that you have enjoyed shopping at Wheatsfield Co-op and are leaving as a satisfied customer. If there was some product or service you were unhappy with, we would like to know so we can improve and fix the situation.*

I AM MOVING     OTHER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

FORWARDING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*In accordance with Article 5, Section 4 of the Articles of Incorporation the Board of Directors will decide whether or not to accept the request for withdrawal. If accepted, shares will be refunded within one year.*

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OFFICE USE

DATE RECEIVED \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

OFFICIAL WITHDRAWAL DATE \_\_\_\_\_

DATE OF CHECK \_\_\_\_\_