



**Mississippi Market**  
Natural Foods Co-op

## Membership Equity Refund Request

*To discontinue membership and  
receive \$90 equity refund*

*Please note: **Mississippi Market's bylaws only allow equity refunds once a membership is paid in full.** If using the payment plan, please finalize all 4 payments of \$25 before requesting an equity refund. If requesting a refund in the event of a member-owner's death, the executor of the estate or beneficiary may complete this form.*

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

Stockholder's Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Reason for leaving:

This form will be presented at the next Board Meeting for approval. It may take 2-6 weeks to receive your refund.

Signature \_\_\_\_\_

Please return this form and direct any questions to :  
msmarketcomments@gmail.com

or

Membership  
622 Selby Ave., St. Paul, MN 55104



# Mississippi Market

Natural Foods Co-op

## Quit Claim Request

*To change the stockholder's name to another household member's name*

**Please note:** Mississippi Market's bylaws specifically prohibit transferring a membership to another household. This form is used for changing the name on a membership from the original stockholder's name to another household name, such as to reflect the primary household grocery shopper or in the case of divorce or separation. If requesting a stockholder change in the event of a member-owner's death, the executor of the estate or beneficiary may complete this form.

I, \_\_\_\_\_, whose current member-owner number, phone number and address is:

Member-owner number: \_\_\_\_\_

Current stockholder phone number: \_\_\_\_\_

Current stockholder address: \_\_\_\_\_  
\_\_\_\_\_

hereby consent and agree to sign over my membership at the Mississippi Market Co-op to \_\_\_\_\_, whose current phone and address is:

New stockholder phone number: \_\_\_\_\_

New stockholder address: \_\_\_\_\_  
\_\_\_\_\_

Reason for the change: \_\_\_\_\_  
\_\_\_\_\_

I understand that by signing-off my membership, I relinquish and give up all right, title and interest in all membership stock, patronage dividends (either paid or not yet paid), equity or other ownership interest, including non-voting stock, in Mississippi Market Co-op as well as all other rights and privileges of membership. I further understand that this change is subject to the approval of the Board of Directors of Mississippi Market and that such change can only be granted to another individual in my household.

Signed & Dated \_\_\_\_\_ signature of member-owner signing off \_\_\_\_\_ date

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or

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