

Investment Application

citizens co-op
A COMMUNITY OWNED MARKET

Name: _____
last first middle

Mailing Address: _____

Phone: _____

Email: _____

Number of Shares:
@ \$500/share

Total Investment Value:

Investment Agreement: I agree to abide by the rights and responsibilities of an Investor, as outlined in the Corporate By-Laws, and provided to me in a written document which I have read and understand. I also understand the associated risks of this investment, and hereby submit my investment in Locals' Food Market, Inc. regardless of any loss in these funds that may occur.

signature *date*

Sign and return this application to:

citizens co-op

435 South Main St.
Gainesville, FL 32601

Please include a check, payable to Citizens Co-op for your total investment value.

Thank You!

You'll receive your stock confirmation soon

