



Montana Council of Cooperatives

MEMBERSHIP ENROLLMENT

Name of Cooperative: _____

Contact Person's Name: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Office #: _____ Cell #: _____

Email Address: _____

Website URL: _____

Type of Cooperative: _____

Annual Business Volume: _____ Number of Members: _____

Was the formation of your cooperative assisted by the Montana Cooperative

Development Center? Yes _____ No _____ (\$50/year dues for first 3 years)

Comments: _____

THANK YOU!

Please submit the completed application with your check to:

Montana Council of Cooperatives
PO Box 3027
12 3rd Street NW, Suite 110
Great Falls, MT 59403
(406) 727-1517