

## Membership Change Request

Please add	as a Member to my account as authorized to make changes and
conduct business on the following membership(s). I un Membership all capital credits benefits from this point forw	nderstand that by making this change to my Blackfoot Cooperative ard will be joint with said party per my request today.
Telephone or Account Number(s):	
(List here all the telephone numbers that would apply to th	is request) Membership Number:
<u>Signatures</u>	
	understand that I am joining the above for any and all charges incurred on above account(s) from this day formation will be supplied to each of the authorized members upon
Current Member/Account holder:	
Mailing Address:	
Physical Address:	
Please complete the following so that we have the necess	ary information to facilitate the handling of your account(s).
Current account holder/Authorized person	New account holder /Authorized person
Legal Name	Legal Name
Employer	Employer
Employer telephone number	Employer telephone number
Contact number or message number	Contact number or message number
Date of Birth	Date of Birth
Email Address	Email Address
Both signatures will be notarized or witnessed by a Blackfo or a Blackfoot employee. Please do not notarize or verify unless signed in your	oot employee. Please provide a state issued ID for verification for a notary presence and ID is presented.
Notary Printed Name:	Notary Signature:
For the State of:	County of: Residing in City:
Expires: Date: SEAL:	
Blackfoot Employee Name	Signature
YES, change my directory listing (I agree to the one tin	book is \$5.50 for residential accounts, \$12.00 for business accounts. ne charge listed above)
NO, make no change to directory listing  Please do not hesitate to call 541-5000 if you need assistance	e with these changes to your account.

No changes will be made until this document is received and properly completed.