

**MEMBER INFORMATION REQUEST  
(Policy 20-040 form)**

**NOTE:** No information concerning the Cooperative, its members, personnel, trustees, agents, employees or operations shall be made available (except for routine information covered in the Cooperative's Policy No. 20-040) unless the requesting member completely fills out and executes this information form.

**REQUESTING MEMBER(S)' NAME(S), ADDRESS(ES) AND TELEPHONE NUMBER(S):**

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(Attach additional pages, if necessary.)

**STATE SPECIFICALLY WHAT INFORMATION IS BEING REQUESTED:** \_\_\_\_\_

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**STATE SPECIFICALLY WHY YOU WANT SUCH INFORMATION AND TO WHAT USE YOU WILL OR MAY PUT IT:**

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**IF THE REQUEST IS BEING MADE ON YOUR OWN BEHALF PLUS THAT OF OTHERS, PLEASE STATE THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THE OTHERS.** (State only names of persons who have authorized you to request this information on their behalf):

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(Attach additional pages, if necessary.)

**IF YOU ARE REPRESENTED BY AN ATTORNEY IN THIS REQUEST, PLEASE STATE SUCH ATTORNEY'S NAME, BUSINESS ADDRESS AND TELEPHONE NUMBER:**

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IT IS UNDERSTOOD AND AGREED THAT, BY EXECUTING THIS REQUEST FOR INFORMATION, YOU AGREE THAT YOU WILL NOT YOURSELF PUT, OR PERMIT OTHERS TO PUT, SUCH INFORMATION TO USE OTHER THAN THAT ABOVE STATED.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Member**

**The following information shall be completed by the Cooperative. The Member shall not fill in any of the blanks in the area surrounded by the box.**

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**ACTION TAKEN**

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

Title: \_\_\_\_\_

Signature: \_\_\_\_\_