WATONWAN FARM SERVICE CO
MEMBERSHIP APPLICATION AND SUBSTITUTE FORM W-9

APPLICANT: **CUSTOMER #(S): _____**

Name_____
Address _____
_____

Birthdate _____
Phone # _____

Agricultural Producer: Yes ☐ No ☐

TO: WFS Co. Chairman of the Board of Directors
Truman, MN 56088

Please accept this request for membership in Watonwan Farm Service Co., Truman, MN.

I/We meet the requirements of membership as stated in Article III, Section 3, Stock Ownership Restriction of the Articles of Incorporation of Watonwan Farm Service Co., St James, MN.

I/We further consent that the amount of any patronage refunds with respect to business with WFS, which are made in written notices of allocation (as defined in 25 U.S.C. 1388) and which are received from the cooperative, will be taken into account at their stated dollar amounts in the manner provided in 26 U.S.C. 1385 in the taxable year received.

SUBSTITUTE Form W-9
Payer's request for Taxpayer Identification Number

Part I. Taxpayer Identification Number. Enter the taxpayer identification number in the appropriate box. For most individual taxpayers, this is the social security number.

→ Social Security Number [ ] **OR** Employer Identification Number [ ]

Part II. Backup Withholding on Accounts Opened After 12/31/83. Check the box if you are NOT subject to backup withholding under the provisions of section 240(a)(1)(C) of the Internal Revenue Code…….☐

Certification. I/We certify under the penalties of perjury, that the information provided on this form is true, correct, and complete.

→

Signature (required) _____ Date _____