



# OWNER EQUITY WITHDRAWAL FORM

Astoria Co-op Grocery • 1355 Exchange St. Ste. 1 Astoria, OR 97103

*Must be dated and signed by owner in order to be valid.*

**Owner Name(s):** \_\_\_\_\_  
Please Print

**Today's Date:** \_\_\_\_\_

**Owner Number:** \_\_\_\_\_

☐ I hereby withdraw as an owner of Astoria Co-op Grocery.  
I ask that the Co-op refund my shares.

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

**Mailing Address:** \_\_\_\_\_

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*Staff use:*

**Initials:** \_\_\_\_\_

**\$** \_\_\_\_\_ **Reimbursed**

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

**Check #** \_\_\_\_\_

**PLEASE TAKE THE VOLUNTARY SURVEY ON THE NEXT PAGE**



## VOLUNTARY SURVEY

**We could really use your feedback after filling out the owner withdrawal form.**

*I/we are withdrawing our ownership from Astoria Co-op Grocery for the following reasons:*

- ☐ **Moving out of the area**
- ☐ **No longer shopping much at the Co-op**
- ☐ **Need money for something else**
- ☐ **Dissatisfaction (please explain):**

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**I've always wanted to praise:**

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**Thank you. Your input really helps!**