Medvil Cooperative, Inc. Bylaws/Community Rules/Occupancy Agreement Acknowledgement Form

I/We	applying for
membership in the Cooperative for the lot located at	(street address). I/we
have received and read a copy of the Medvil Cooperative, Inc. Bylaws,	Community Rules, and
Occupancy Agreement.	
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By signing and dating this form, I/we acknowledge that we understan	d and will obey the Bylaws
Community Rules, and Occupancy Agreement of Medvil Cooperat	ive, Inc. If I/we do not
follow these bylaws and rules, I/we understand that this could be gro	unds for expulsion from
membership and/or eviction from the community.	
Applicant signature:	Date:
Co-applicant signature:	Data