

**SAN JUAN ISLANDS FOOD HUB
NONVOTING MEMBERSHIP AGREEMENT**

WHEREAS **SAN JUAN ISLANDS FOOD HUB** (hereinafter “SJIFH”) has incorporated as a multi-stakeholder cooperative association under the laws of the State of Washington. The mission of the SJIFH is to increase the production and sales of local food in San Juan County to support a viable agricultural economy, strengthen food security, and promote access to healthy, sustainably grown food. SJIFH serves its members through marketing, aggregation, and distribution of locally produced agricultural products.

WHEREAS there is one class of nonvoting membership in SJIFH, as defined in the SJIFH Bylaws:

- Nonvoting out-of-county Vendor: An out-of-county Vendor accepted into the Food Hub to sell product is considered a nonvoting member of the Food Hub. A nonvoting Vendor does not purchase a share of common stock but does pay annual dues. All references in the Bylaws to “member” and voting rights do not apply to a nonvoting member.

WHEREAS the undersigned Vendor seeks to become a member of SJIFH (hereinafter “Nonvoting Member”) for the purpose of participating in the SJIFH marketplace and is a seller of products either not available in San Juan County or, in the opinion of the SJIFH Board, in limited supply in the County; and

WHEREAS prospective Nonvoting Member recognizes that they do not purchase an SJIFH Equity Share but are able to participate in the San Juan Islands Food Hub through product sales and participation in regular Member-related activities including Member Meetings;

THEREFORE, it is agreed as follows:

1. Nonvoting Member will pay annual dues as may be stipulated by the Board;
2. Nonvoting Member has received and reviewed the SJIFH Bylaws, the provisions of which are incorporated herein by this reference, and agrees that they will comply with the same, as well as other requirements established by the SJIFH Board of Directors for its members.

Membership category: Nonvoting out-of-county Vendor

Prospective Member name (Vendor):

Business owner or authorized contact, if applicable: _____

Signature: _____

Address: _____

E-mail: _____

Date: _____