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Withdrawal Form

Farm Name: _____

Producer Name: _____

Social/Tax ID: _____

Select Option below:

Option 1: *(To be an Inactive Member for the upcoming Crop Year)*

_____ I wish to be **inactive** for the upcoming crop year. I understand my membership is not terminated.

Option 2: *(Terminate Membership)*

_____ I wish to **Withdrawal** from Quality Cotton Cooperative.

I understand all rights and privileges of membership are cancelled. Withdrawal shall not affect any right or lien the Cooperative has against myself or property for indebtedness, if any.

Reason for Withdrawal: _____

Member Signature: _____ Date: _____

This Form must be submitted by the last day of February