

MEMBERSHIP APPLICATION



INDIVIDUAL MEMBER INFORMATION

Name:

Phone:

E-mail:

Current address:

City:

Province:

Postal Code:

JOINT MEMBER INFORMATION (IF APPLICABLE)

Name:

Phone:

E-mail:

Current address:

City:

Province:

Postal Code:

JOINT MEMBER INFORMATION (IF APPLICABLE)

Name:

Phone:

E-mail:

Current address:

City:

Province:

Postal Code:

BUSINESS/COMMUNITY GROUP INFORMATION (IF BUSINESS/ORGANIZATION MEMBERSHIP)

Business Name/Community Group:

Address:

City:

Province:

Postal Code:

Phone:

E-mail:

Fax:

INTEREST IN INVESTMENT SHARES

Investment Shares are \$450 each. There are limits to the investment capital each member may hold both in the rules and in BC Securities Act regulations.

I/we am interested in Investment Shares: Yes ___ No ___

SIGNATURES

Pending acceptance of this application by the Board of Directors, I/we hereby agree to comply with the current rules of the Cooperative and recognize that they may be amended. I/we affirm that I/we are at least 16 years old and I/we agree to pay for ___ membership share(s)* with a par value of \$50.

(* minimum membership/joint membership share quantity is one but more may be purchased)

Signature of applicant:

Date:

Signature of joint member:

Date:

Signature of joint member:

Date:

OFFICE USE ONLY

Received By

Position

Signature

Date Application Received

Date Payment Received

Member Share Certificate Number