

**APPLICATION FOR MEMBERSHIP
IN
ALBERNI DISTRICT CO-OPERATIVE ASSOCIATION ("THE CO-OP")**

ON THIS THE _____ DAY OF _____, 20____, I hereby apply for membership in the Co-op and apply for _____ common shares of the Co-op for a total price of \$_____ and request that you allot them to me.

I understand that I will become a member only after the board approval of this membership application. Upon becoming a member, I agreed to be bound by the by-laws and policies of the Co-op, as amended from time to time. I agree that the Co-op shall have a lien on the equity which I may at any time in the Co-op, including my shares and all funds arising from patronage refunds or dividends, for any monies at any time owing by me to the Co-op. All shares and patronage refunds of dividends shall be held in the name of the applicant only. The Co-op respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back Program. The Co-op requires your Social Insurance Number (SIN) because the law requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the overage policy with respect to the equity and Cash Back Program.

I understand that by signing this application form I am consenting to the collection of my personal information and to its use for stated purposes.

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT OR CORPORATE SIGNING OFFICER

SURNAME/ BUSINESS NAME

FIRST NAME

ADDRESS #1

ADDRESS #2

POSTAL CODE

COUNTRY (IF NOT CANADA)

CITY

PROVINCE

PHONE NUMBER

EMAIL

ZIP CODE (IF NOT CANADA)

BIRTH DATE (YYYY/MM/DD)

SOCIAL INSURANCE NUMBER

DATE ACCEPTED BY THE BOARD

MEMBERSHIP NUMBER

PLEASE NOTE: IN ORDER TO PURCHASE SHARES, ALL INFORMATION ABOVE MUST BE COMPLETE IN FULL.

PLEASE MAIL APPLICATION ALONG WITH A CHEQUE FOR \$10.00 TO

ALBERNI DISTRICT CO-OP

4885 BEAVER CREEK RD, PORT ALBERNI, BC V9Y 7E1