

**YELLOWKNIFE CO-OP
APPLICATION AND CONTRACT FOR MEMBERSHIP**



Member _____
Last name (please print)
First name

Address _____

_____ Postal Code

Telephone _____ Member SIN _____

Work Telephone _____ E-Mail _____

MEMBER NUMBER	
Initial Share Capital purchase \$60	
<input type="checkbox"/>	CASH
<input type="checkbox"/>	DEBIT
<input type="checkbox"/>	VISA
<input type="checkbox"/>	MASTERCARD

Joint/Other Member must reside in Member's Household

Any share capital accumulated in a joint account is a joint asset between the Member and the Joint Member. Cancellation and/or payout of the account will require written consent of each member.

Joint Member _____
Last Name (please Print)
First Name

Other Member _____
Last Name (Please Print)
First Name

I hereby apply for membership in the Yellowknife Co-op and I agree to the following requirements for Membership:

1. I agree to purchase three shares at \$20.00 each in the Co-op. I agree to increase my Share Capital at the rate of 2% of all purchases.
2. I am required to pay a weekly service fee as set by the Board.
3. I agree to abide by all the Standard and Supplementary Bylaws and Regulations of the Co-op.
4. As a Member, in good standing, I may withdraw from the Co-op by making written application to the Board. The Co-op shall purchase all shares and loan capital, less any amounts owing, within 12 months.
5. Members' Social Insurance Numbers are required so that patronage refunds may be paid out and T-slips can be issued as determined by the Board from time to time.
6. If Membership is cancelled, share capital will only be reimbursed in accordance with the Co-op's Bylaws.

_____ Member's signature Date

_____ President Yellowknife Co-op Date

PERSONAL MEMBERSHIP INFORMATION WILL BE KEPT CONFIDENTIAL.

Why did you join Co-op? _____

How long have you lived in Yellowknife? less than 1 year 1-2 years 2-5 years more than 5 years

Number of persons residing in this household? _____ Member or Joint Member over 60 years of age? Yes No

Member who recommended the Co-op to you (Sponsoring Member receives \$20 Gift Card) _____

(Office Use) Entered by _____ Date _____

New Member Paid to ____/____/____ Sponsor Certificate Mailed: Date _____ Initials ____