

**YELLOWKNIFE DIRECT CHARGE CO-OPERATIVE LTD.
APPLICATION AND CONTRACT FOR ASSOCIATE MEMBERSHIP**



Member _____
Last name (please print) First name

Joint Member _____
Last name (please print) First name

MEMBER NUMBER

Address _____
Postal Code _____

Telephone _____ Member SIN _____

Work Telephone _____ E-Mail _____

Other user in household _____

Joint member and other user must reside in the Member's household.

1. Associate Members live outside of the Yellowknife trading area, as defined by the Board of Directors.
2. Associate Members agree to purchase three shares at \$20.00 each in the Co-op. The number of shares required may be changed with approval from the membership of the Co-op.
3. Associate Members agree to abide by all the Standard and Supplementary Bylaws and Regulations of the Co-op.
4. Associate Members agree to pay a 10% processing and assembly fee on all purchases.
5. Associate Members shall be entitled to shop, place orders and purchase petroleum products through the Co-op facilities in Yellowknife.
6. Associate Members in good standing may withdraw from the Co-op by making written application to the Board.
7. Members' Social Insurance Numbers are required so that patronage refunds may be paid out as determined by the Board from time to time.
8. 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

Associate Membership

Initial share capital investment of \$ 60.00
Paid by: cash debit VISA Mastercard

A VISA or Mastercard is required to order Food Mail.

Visa # _____ Expiry Date _____

Mastercard # _____ Expiry Date _____

Yellowknife Direct Charge Co-operative Ltd. 321 Old Airport Rd. Yellowknife, NT X1A 3T3

Phone: 867-873-5770, ext. 231 or 269 Fax: 867-873-3006 Email: corpsale@ykcoop.com

Groceries may be ordered by fax or email.

PERSONAL MEMBERSHIP INFORMATION WILL BE KEPT CONFIDENTIAL.