



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

MEMBER NUMBER
Initial share capital purchase of \$ 60.00 paid by
• cash
• debit
• Visa
• Mastercard

Member Last name (please print) First name
Address Postal Code
Home Phone Work Phone
Member SIN Email

Joint Member* and/or Other User* must reside in the 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 User* Last name (please print) First name

PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL.

I hereby apply for membership in the Yellowknife Direct Charge Co-operative Limited and I agree to comply with its Standard and Supplementary Bylaws. I realize that the following are among the requirements for membership:

- a) I am initially required to purchase three shares at \$20.00 each. I agree to increase my share capital at the rate of 2% of all purchases until my share capital totals \$2500.00.
b) When all shares are paid up, I agree to purchase savings certificates at a rate of 2% of purchases. Savings certificates are issued in \$50.00 increments, semiannually.
c) I am required to pay a weekly service fee as set by the Board.
d) 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 twelve months.
e) I understand that my Social Insurance Number is required so that I may be paid out any patronage refunds as determined by the Board from time to time.
f) 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

Why did you join the Co-op? _____

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

Number of persons residing in this household _____ Member or Joint member over 60 years old? • yes • no

Member who recommended the Co-op to you _____ (Sponsoring member receives a \$20.00 gift certificate.)

New Member paid to ____/____/____ Entered by _____ Date _____

Sponsor certificate mailed: Date _____ Initials _____