



MID ISLAND CO-OP

Mid Island Consumer Services Co-operative ♦ 100% Community Owned ♦ Socially Responsible

To the Board of Directors of Mid Island Co-operative:

I, the undersigned, am applying for membership and ownership in Mid Island Consumer Services Co-operative. I understand the initial share purchase cost is \$10.00 and that I will accumulate equity in my share account which is part of the collective equity of the Co-op. If I am accepted as a member/owner, I agree that I will comply with all of the rules and regulations of Mid Island Co-operative and I will participate in and support the Co-operative.

Full Name: _____

Organization or Business: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail address: _____

Social Insurance # (for tax purposes) _____ Date of birth: _____

Signed: _____ Date: _____

If one of our members encouraged to join us, we would like to acknowledge them with gift certificate. Please help us identify them.

Member's name: _____ Their phone #: _____

You can also help us by telling us how you first heard about our Co-operative. _____

Thank you for applying for membership in Mid Island Co-op. Upon acceptance of your application, you will receive a letter of welcome, a package of information about Mid Island Co-op, and a membership card in the mail.

President

For Office Use:

Receipt # _____ Co-op member # _____

Received by _____ Date of payment: _____