



RETAIL Mid Island Co-op #17483

MID ISLAND CO-OP APPLICATION FOR WITHDRAWAL OF EQUITY

Administration Office
#103 - 2517 Bowen Road,
Nanaimo, BC
V9T 3L2
Phone: 250-729-8400

co-opadministration@midisland.coop

DATE: _____

MEMBER NAME _____ MEMBER NUMBER _____

ADDRESS _____ CITY _____ PROVINCE _____

POSTAL _____ Phone: _____ E-mail _____

REASON FOR WITHDRAWAL – (CHECK **ONLY ONE** AND COMPLETE DETAILS)

ESTATE – ADMINISTRATORS ARE: _____
 NAME C/O _____
 C/O ADDRESS _____
 CITY _____ PROVINCE _____ POSTAL CODE _____

***MUST ENCLOSE A COPY OF THE DEATH CERTIFICATE AND THE WILL WHICH STATES THE EXECUTORS NAME AND SIGNATURES**

BUSINESS CLOSURE: REASON: _____

MOVED FROM THIS CO-OPERATIVE TRADING AREA TO: (Please attach a document with your name and this address on it for proof that you have moved.)

I REQUEST PAYMENT IN FULL, AND BY SO DOING, AM AWARE THAT I AM NOT ELIGIBLE FOR FURTHER PATRONAGE REFUNDS AND ONCE PAYMENT IS MADE THE MEMBERSHIP IS TERMINATED

NEW ADDRESS _____
CITY _____ PROVINCE _____ POSTAL CODE _____

AGE (AS PER BYLAW): _____ BIRTH DATE _____
YEAR MONTH DAY

COPY OF PROOF OF AGE ATTACHED)

RETAIN MEMBERSHIP FEE \$ 10.00 OR

TERMINATE MEMBERSHIP WITH A COMPLETE PAYOUT

OTHER (SPECIFY) _____

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. 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 the stated purposes.

APPLICANT'S SIGNATURE X _____

ADDRESS **PLEASE SIGN ABOVE** _____

CITY _____ PROVINCE _____ POSTAL CODE _____

DATE APPROVED BY BOARD

DD / MM / YYYY

OFFICE USE ONLY

AMOUNT OF EQUITY \$ _____ DEDUCT - ACCOUNTS RECEIVABLE (IF ANY) \$ _____

MEMBERSHIP FEE OF \$10.00 \$ _____ TO BE RETAINED

AMOUNT OF PAYMENT \$ _____

CHEQUE NUMBER _____