

APPLICATION FOR MEMBERSHIP

IN

NO.

(FULL NAME OF CO-OPERATIVE) _____, ("THE CO-OP")

ON THIS THE _____ DAY OF _____, _____

I hereby apply for membership in the Co-op and apply for _____ common shares of the Co-op for a total price of \$_____ and request that you allot them to me. I understand that I will become a member only after Board approval of this membership application. Upon becoming a member, I agree to be bound by the bylaws and policies of the Co-op, as amended from time to time. I agree that the Co-op shall have a lien on the equity which I may have at any time in the Co-op, including my shares and all funds arising from patronage refunds or dividends, for any monies at any time owing by me to the Co-op.

The Co-op respects your privacy and will administer the personal information that you provide to it by way of this Application for Membership in accordance with its privacy policies and related practices. The personal information that you provide to the Co-op is being collected and will be used for one or more of the following purposes: to communicate with you; to administer the Equity and Cash Back Program; to open, maintain and administer your Co-op accounts; to comply with legal and regulatory requirements; for research and marketing purposes; and, to inform you about products or services by mail, telephone or other means.

The Co-op collects your Social Insurance Number ("SIN") because the law requires the Co-op to both report patronage allocations for income tax purposes and collect your SIN if you have a pre-paid account that bears interest. Your application for membership cannot be processed without your SIN. Your date of birth is used to administer the overage policy with respect to the Equity and Cash Back Program.

The Co-op is a member of Federated Co-operatives Limited ("FCL") and will from time to time disclose your personal information to FCL to allow it to process your personal information for accounting and rebate purposes and for research and marketing purposes. FCL may need to disclose your personal information to third parties with whom it has contract agreement in place for the purposes of managing your personal information such as data collection and processing companies. The Co-op provides FCL with only that information which is necessary to perform the required services. Other than the disclosure of your personal information to FCL for the aforementioned purposes, the Co-op will not disclose your personal information to any organization without your consent, except where permitted or required by law.

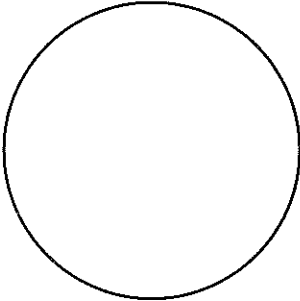
You may withdraw your consent for the use of your personal information by the Co-op unless legal requirements prevent this. Please note that the withdrawal of your consent may mean that the Co-op is unable to provide you with some or all of the services that you may receive otherwise. You may access your personal information, request corrections to it, or ask questions about it at any time (subject to legal or contractual requirements) by contacting the Co-op's Privacy Officer in writing. For more information regarding the Co-op's privacy policies and practices, please contact the Privacy Officer of your local Co-op.

☐ Yes, you may contact me for research or marketing purposes. ☐ No, do not contact me for research or marketing purposes.

I understand that by signing this application form I am consenting to the collection of my personal information and to its use and disclosure for the stated purposes.

I request that my membership be in the following form (check one only):

☐ Sole Membership (for a corporation or one individual):
All shares and patronage refunds or dividends shall be held in the name of the applicant only.



SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT OR CORPORATE
SIGNING OFFICER

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT OR CORPORATE
SIGNING OFFICER

DETAILS OF APPLICANT FOR MEMBERSHIP RECORDS: COMPLETE LEGAL NAME (INDIVIDUAL CORPORATION OR PARTNERSHIP)

SURNAME/BUSINESS NAME	

FIRST NAME

EMAIL ADDRESS

ADDRESS I

ADDRESS II

CITY

PROVINCE

POSTAL CODE

COUNTRY	
IF NOT CANADA	

ZIP CODE - IF NOT CANADA

BIRTH DATE							
	Y	Y	Y	M	M	D	D

SOCIAL INSURANCE NO.

TELEPHONE NUMBER

MEMBERSHIP
NUMBER _____

DATE ACCEPTED BY BOARD _____