

## Saskatoon

Date Processed \_\_\_

## The Saskatoon Co-operative Association Limited

Administration Department 201, 503 Wellman Crescent Saskatoon, Saskatchewan S7J 0T1 Canada

Phone (306) 933-3801 admin@saskatoon.crs www.saskatooncoop.ca



## **Application to Change State of Membership to Joint Membership**

CURRENT STATUS:			
NAME ON MEMBERSHIP			MEMBER NUMBER
MAILING ADDRESS/BOX NUMBER	CITY,	/PROVINCE	POSTAL CODE
JOINT MEMBERSHIP WITH RIG	GHT OF SURVIVORSHIP – CURRE	NT MEMBER INITIAL	
INITIAL survivorship. If any o		all rights and privileges of m	he applicants jointly with right of nembership and ownership of shares
I am aware that if joi memberships.	nt members become legally sepa	rated or divorced, the equit	y will be transferred to individual
<b>NOTE:</b> Joint members are joint payable with respect to memb	•	ssments, levies, dues, fees,	payments and other charges imposed or
JOINT MEMBER STATUS:			
Current Member		Joint Member Added	
Name:		Name:	
Birthdate:		Birthdate:	
S.I.N:		S.I.N:	
Address:		Address:	
City/Province:		City/Province:	
Postal Code:		Postal Code:	
Relationship of Members:			
The Saskatoon Co-op requires y allocations for income tax purp	your Social Insurance Number bec oses.	ause the federal governmen	t requires us to report patronage
I understand that by signing this ap	oplication form, I acknowledge the abo	ove and hereby accept full respo	onsibility with respect to this joint membership.
DATE	APPLICANT SIGNATURE	JOINT MEI	MBER'S SIGNATURE
(OFFICE USE ONLY)			
Amount of Equity		HOW TO SUBMIT YOUR DOCUMENTATION  Email to: admin@saskatoon.crs  Mail to: 201-503 Wellman Crescent, Saskatoon, SK, S7T 0J1	

Drop it off at any Saskatoon Co-op location in a sealed envelope with

Revised: Sept. 2024

"ATTN: Member Relations" written on it.