

Current Status: _____ **Date:** _____
Name: _____ **Membership:** _____
Address/Box Number _____
City/Province: _____ **Postal Code:** _____

Please accept this application as my request to have the above membership changed and registered as Joint Membership as follows:

Joint Membership With Right of Survivorship:

All share and patronage refunds or dividends shall be owned by the applicants jointly with right of survivorship. If any one or more of the applicants die, all rights and privileges of membership and ownership of shares and patronage refunds or dividends shall be vested in the survivors(s).

Note: Joint members are jointly and severally liable for all assessments, levies, dues, fees, payments and other charges imposed or payable with respect to membership.

Joint Membership Status:

Current member:		Joint Member Added:	
Name:	_____	Name:	_____
Birthdate:	_____	Birthdate:	_____
Sin #:	_____	Sin #:	_____
Address:	_____	Address:	_____
City/Province:	_____	City/Province:	_____
Postal Code:	_____	Postal Code:	_____

Relationship of Members: _____

I acknowledge the above and hereby accept full responsibility with respect to this joint membership.

Signature:	_____	Signature:	_____
Witness:	_____	Witness:	_____
Date Signed:	_____	Date Signed:	_____

Co-op requires your social insurance number because the federal government requires us to report patronage allocations for income tax purposes.

For Office Use Only:

Total Equity:

Date: