

ASSOCIATE MEMBERSHIP APPLICATION FORM

Associate Members are individuals or groups who share the interest of the Co-operative Enterprise Council, are willing to pay associate membership fees but do not hold a vote.

Contact Information

Name of Co-operative/Organization (if applicable)

Contact Person _____

Mailing Address _____

City/Town _____ Province _____ Postal Code _____

Phone _____ Fax: _____

Email: _____ Website: _____

Name of President: (if applicable)

Name of Manager: (if applicable)

About You/Your Organization

Type of Co-operative/Organization (if applicable)

Your reason for wanting to become an associate member of the Council

Membership Fee

Enclosed is a cheque payable to the Co-operative Enterprise Council for \$25 for membership fees for the period of April 1, 2008 – March 31, 2009.

Signature
