

MEMBERSHIP APPLICATION

Contact Information

Name of Co-operative

Contact Person

Mailing Address

City/Town _____ Province _____ Postal Code _____

Phone _____ Fax: _____

Email: _____ Website: _____

Name of President: _____

Name of Manager: _____

About Your Cooperative

Description of Co-operative

Year Incorporated _____ (Please check one) Profit ___ Not-for-profit ___

Total Members _____ Total # of shares _____ Total # employees _____

Membership Fee

Enclosed is a cheque payable to the Co-operative Enterprise Council for \$100 for membership fees for the period of April 1, 2008 – March 31, 2009.

Signature

Date