

# Oromocto and Valley Co-operative Living Limited

## Application for Share Membership

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Name	
Date of Application	Month:                      Day:                      Year
Address	
	Postal Code:
Home Phone Number	
Cell Number [optional]	
Work Number [optional]	
Email Address	
Are you now a member of a Coop or Credit Union?	Name Coop 1 Name Coop 2
If you were ever a member of a Coop or Credit Union please name	Name Coop 1 Name Coop 2
Nomination of Beneficiary {as per sec 51[2] Coop Assoc. Act} <i>Note: who does your share go to should something happen to you</i>  <i>Estate, Beneficiary, Spouse?</i>	Name:  Relationship:  Address:

I, \_\_\_\_\_ hereby apply for membership in the Oromocto and Valley Co-operative Living Limited and submit \$100 for a share. I agree to comply with the By-laws of the association. I may resign my membership in the co-operative, on sixty (60) days notice, made in writing to the Secretary of the Association and have my share capital of \$100 returned.

Signature: \_\_\_\_\_ date: \_\_\_\_\_

Director or Board Designee's Signature: \_\_\_\_\_ date \_\_\_\_\_

**Your completed and signed form can be returned or mailed, together with a cheque for \$100, to  
Oromocto Valley Co-operative Living, Town of Oromocto, 4 Doyle Dr, Oromocto, NB, E2V 2V3.  
For information call 470-1155**