

APPLICATION FOR MEMBERSHIP

IN

Humboldt

(THE CO-OP)

(FULL NAME OF CO-OPERATIVE)

ON THIS THE _____ DAY OF _____ 20 ____ I hereby apply for membership in the Co-op and apply for 10

common shares of the Co-op for a total price of \$ 10.00 and request that you allot them to me.

I understand that I will become a member only after board approval of this membership application. Upon becoming a member, I agree to be bound by the bylaws and policies of the Co-op, as amended from time to time. I agree that the Co-op shall have a lien on the equity which I may have at any time in the Co-op, including my shares and all funds arising from patronage refunds or dividends, for any monies at any time owing by me to the Co-op. All shares and patronage refunds of dividends shall be held in the name of the applicant only.

The Co-op respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back Program. The Co-op requires your Social Insurance Number (SIN) because the law requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the overage policy with respect to the equity and Cash Back Program.

I understand that by signing this application form I am consenting to the collection of my personal information and to its use for the stated purposes.

SIGNATURE OF WITNESS

SIGNATURE OF APPLICANT OR CORPORATE SIGNING OFFICER

SURNAME / BUSINESS NAME

FIRST NAME

ADDRESS I

ADDRESS II

POSTAL CODE

COUNTRY IF NOT CANADA

CITY

PROVINCE

TELEPHONE NUMBER

ZIP CODE - IF NOT CANADA

BIRTH DATE Y Y Y Y M M D D

SOCIAL INSURANCE NO.

DATE ACCEPTED BY BOARD

MEMBERSHIP NUMBER

Original - To Accounting; Duplicate - To Applicant; Triplicate - Retain in Book

Form L9 (Rev.04)