



**Moose Jaw Co-operative
Association Limited**

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Canada S6H 3M5 Email – info@moosejawcoop.ca

OVER AGE 70
APPLICATION FOR WITHDRAWAL OF EQUITY
(PLEASE PRINT)

MEMBER # _____ DATE _____

MEMBER NAME _____

ADDRESS _____

_____ CITY PROVINCE POSTAL CODE

PHONE NUMBER: _____

AGE (AS PER BYLAW): _____

BIRTH DATE: _____
YEAR MONTH DAY

PROOF OF AGE SHOWN TO _____
STAFF MEMBERS SIGNATURE

APPLICANT'S SIGNATURE _____

OFFICE USE ONLY

DATE APPROVED BY BOARD:

AMOUNT OF EQUITY \$ _____

_____/_____/_____

DEDUCT- A/R (IF ANY) _____

-MEMBERSHIP FEE _____

AMOUNT OF PAYMENT \$ _____ CHEQUE # _____