



It's Easy to Join!

To become a member of the Moose Jaw Co-op, complete the application below and bring it, with your \$5.00 payment, to any of the Co-op locations.

First Name: _____ Initial: ____ Last Name: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Birthdate: _____

Social Insurance Number: _____

I hereby apply to purchase five shares of the par value of \$1.00 each in the Capital Stock of the Association and agree: To abide by the by-laws of the Association and that the Association shall have a lien on any equity which I may have at any time in the Association.

Signature