

**APPLICATION FOR MEMBERSHIP  
IN**

\_\_\_\_\_ RIVERBEND CO-OPERATIVE LTD. \_\_\_\_\_, ("THE CO-OP")  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

I hereby apply for membership in the Co-op and apply for 1 common share of the Co-op for a total price of \$10.00 and request that you allot it 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.

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.

I request that my membership be in the following form (check one only).

Sole Membership (for a corporation or one individual):

All shares and patronage refunds or dividends shall be held in the name of the applicant only.

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR CORPORATE  
SIGNING OFFICER

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR CORPORATE  
SIGNING OFFICER

**DETAILS OF APPLICANT FOR MEMBERSHIP RECORDS: COMPLETE LEGAL NAME (INDIVIDUAL CORPORATION OR PARTNERSHIP)  
(Please Print)**

Surname/Business Name: \_\_\_\_\_

First Name \_\_\_\_\_

Address I \_\_\_\_\_

Address II \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country (if not Canada) \_\_\_\_\_

Zip Code (if not Canada) \_\_\_\_\_ Birthdate \_\_\_\_\_ Social Insurance No. \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Your SIN is required by law. We CANNOT issue a membership without it.**  
For more information, visit:  
<http://riverbendcoop.com/members.html#tab2>

For Office Use Only:  
Membership Number \_\_\_\_\_