

STANDARD MEMBERSHIP FORM

Fredericton Direct Charge Co-operative
Doak Road, Fredericton NB 506-453-1300



REQUIREMENTS OF MEMBERSHIP

1. *I am required to purchase **30 shares at \$1.00** (for a total of \$30.00) to be entitled to shopping privileges.

Thereafter I am required to purchase two shares for a total of **\$2.00 each week until I have purchased **1000 shares**.*

(If you leave the co-op, any share capital paid in will be returned to you, according to store policies and By-Laws.)

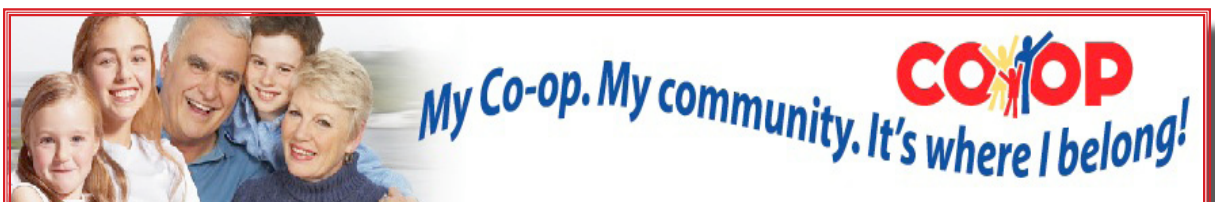
2. I am to pay a weekly service fee to cover my portion of the operating costs in an amount to be established from time to time. Effective March 16, 1998, the service fee is **\$1.00 per week**

3. Any balance remaining in respect to (2) may be collected from my share capital.

4. This co-op is for **MEMBERS ONLY** and I agree that I will not take merchandise from the store for others unless they are members of my household.

5. I may resign my membership in the co-op if I move from the area or, at any time, on **sixty (60) days notice**. This notice is to be made in writing. Resignation forms are available at the service desk.

*In consideration of this agreement,
Fredericton Direct Charge Co-op agrees that it will purchase for
members selected items of merchandise and turn them over to me
at a price determined by the budget. Variances in cost of
Merchandise may occur and such will be accepted by me based on
membership approval.*



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 check us out online at
www.frederictoncoop.nb.ca



Office use only

COOP # _____

DATE _____

2000-2009	1990-1999
1980-1989	1970-1979
1960-1969	1950-1959
1940-1949	1930-1939
1920-1929	1910-1919

APPLICATION FORM

Please Note: for Joint memberships, shares would be divided equally regardless of circumstances.

NAME (one name only)	
JOINT NAME	
ADDRESS/POSTAL CODE	
PHONE NUMBER HOME	
PHONE NUMBER WORK	
EMAIL ADDRESS:	
	<i>*By providing your email address above, you are giving permission to subscribe you to our FDCC eflyer program using a mail service provider who conforms with the Privacy Act</i>
OCCUPATION	
NUMBER IN FAMILY	
HAVE YOU BEEN, OR ARE YOU CURRENTLY, A MEMBER OF ANOTHER COOP? YES NO	
IF YES, WHEN AND WHERE?	
WOULD YOU LIKE TO SERVE ON A COMMITTEE OR BOARD OF DIRECTORS? YES NO	
SIGNATURE OF APPLICANT(S) 1: _____	
2. _____	

Privacy: Your co-operative is committed to respecting and protecting personal information. Our approach to privacy is based on full compliance with legislation, and is consistent with co-operative ethical standards for co-operation.

PLEASE COMPLETE: NOMINATION OF BENEFICIARY

I, _____ and _____ (if joint membership)
 Pursuant to Section 51(2) of the Co-operative Association Act, hereby nominate:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

AS THE PERSON TO WHOM MY SHARES AND INTEREST IN THIS CO-OPERATIVE SHALL PASS, AND IN WHOM IT SHALL VEST UPON MY DEATH. IF NO BENEFICIARY CAN BE DETERMINED, OR THERE IS A RELATIONSHIP SPLIT, THE SHARES WILL BE DIVIDED EQUALLY BETWEEN THE TWO SIGNING PARTNERS ABOVE

Dated at Fredericton this _____ th day of _____, 20__
Date Month Year

APPLICANT'S SIGNATURE: _____ WITNESS: _____