Fredericton Direct Charge Co-operative Vanier Highway, PO Box 602, Fredericton NB | 506-453-1300







Co-op# Date:

Name:			
Joint or Co-applicant Name:			
Address:			
Phone Number: Home:	Work:	Other:	
*By providing your email address above, you are auth send you promotions and other communications electronical privacy legislation.	horizing the Co-operative to include yo	u on our email distribution list, and periodically	
Number in Household:	In what year were you born	?: (Optional)	
Have you been member of our Co-op in Would you like to serve on a committe Where did you hear about us? Referral	e or Board of Directors?	Yes: No:	
Signature of Applicant(s) 1:		4	
Privacy: Your Co-operative is commi pproach to privacy is based on full co ethica		and is consistent with Co-operative	
PLEASE COMPLET	TE: NOMINATION (OF BENEFICIARY	
I, AND Pursuant to section 51(2) of the Co-ope			
NAME:	RELATIONSHIP:		
ADDRESS:AS THE PERSON TO WHOM MY SHARES AND SHALL VEST UPON MY DEATH. IF NO BENEITHE SHARES WILL BE DIVIDED EQUALLY BE	FICIARY CAN BE DETERMINED,	OR THERE IS A RELATIONSHIP SPLIT,	
Dated at Fredericton thi	isth day of	, 20	
APPLICANT'S SIGNATURE:	WITNE	:SS:	
APPLICANT'S SIGNATURE:	WITNE	SS:	

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REQUIREMENTS OF MEMBERSHIP

- 1. I agree to purchase 10 shares at \$1.00 per share (for a total of \$10.00) to be entitled to shopping privileges. Thereafter, at the time of purchasing goods, I agree to contribute an amount equal to 2% of my food purchasing total before taxes toward my share capital account until I have reached \$1000.00 which is the amount set by the By-laws of the Co-operative.
- 2. I agree to pay a weekly service fee as determined yearly by the membership at the Annual General Meeting. I have the option to pay this fee as a lump sum payment anytime during the year and receive a \$5.00 discount. (Service fee presently set at \$1.00 per week)
- 3. I agree, at the close of the fiscal year, that any balance due regarding my service fees will be paid using the funds accumulated in my Share Capital account.
- 4. I agree that Fredericton Direct Charge Co-operative is a **MEMBERS ONLY** Co-operative and I agree not to purchase merchandise from this Co-operative unless it is for my use or the use of persons living within my household or being gifted from a member of my household.
- 5. I agree to give SIXTY (60) DAYS NOTICE IN WRITING to the Secretary of Fredericton Direct Charge Co-operative if I wish to resign my membership. If the resignation submitted is due to death or moving out of the shopping area of the Co-operative I agree that a death certificate or proof of moving must be submitted to the Secretary to waive the notice period above. The amount in my Share Capital account less any outstanding amount owing to the Co-operative will be returned to me or my beneficiary in the form of a cheque in accordance with Board policies and the Co-operative's By-Laws. (Resignation forms are available at the Service Desk)

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

Signature of Applicant(s) 1			
2			
Staff Signature (On Behalf of Corporate Secretary)			

