



Pembina West Co-op Membership Application

Thanks for choosing to support a local business that invests in your community. By completing this application and making a one-time purchasing of shares, you'll become an owner of our co-operative, get a vote in how our business is run and receive a lifetime of membership benefits.

First Name	Last Name	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

Corporate Name

Check to receive emails from Co-op on special member offers, promotions and solutions every week. You can customize the information you receive and unsubscribe at any time.

Mailing Address	Address 2	City
<input type="text"/>	<input type="text"/>	<input type="text"/>

Province	Postal Code	Phone Number
<input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/>

Because you're buying a share in our business, we need to request your Social Insurance Number under Canada's Income Tax Act. We'll issue a T4A in advance of income tax filing deadlines.

Social Insurance Number / Business Number	Date of Birth
<input type="text"/>	<input type="text"/> DAY / <input type="text"/> MONTH / <input type="text"/> YEAR

I'm applying for membership at Pembina West Co-op and my signature consents to the collection of my my personal or business information and its use for the purposes above.

Signature _____	Date _____
-----------------	------------

Thank you for supporting our co-operative! | Your member number is

Co-op Witness Name

WELCOME TO A DIFFERENT KIND OF BUSINESS.
www.pembinawestco-op.crs

