

Newcapeland Properties Co-op Ltd. Membership Application Form (individual membership)

Thank you for your interest in becoming a member in our co-operative. In order to process your application we need the following information from you:

First name*:	Last name*:
Date of Birth*:	SIN ¹ :
Street*:	City/Town*:
Postal code*:	Province*:
Work (day) phone*:	Home or cell phone*:
Email*:	Fax number:

All new members are required to purchase one share at \$25.00 per share.

All registered members are entitled to cast their votes by fax, email or in person at all meetings of members

Membership shares are always (subject to the prior rights of holders of preference shares).

I understand that I am not a member with voting privileges until my membership has been accepted by the Board of Directors of Newcapeland Properties Co-op Ltd..

Signature

Date

Please complete and sign this application form, enclose a cheque in the amount of \$25.00, payable to:

Newcapeland Properties Co-op Ltd.
493 Prince St.
Sydney, Nova Scotia B1P 5L8

Thank you, and we look forward to having you as a member.

¹ We need your SIN number for tax purposes only.