



PENINSULA CONSUMER SERVICES CO-OPERATIVE

1-2132 Keating Cross Road Saanichton, B. C. V8M 2A6
 Administration Phone: 250-652-5752 Fax: 250-652-5298
 Phone Toll free 1-877-652-5752

APPLICATION FOR TRANSFER OF EQUITY

PART 1

Member Name _____ Member Number _____
Please print (Must be name membership is registered in)

Address _____ Phone (____) _____
Street City Postal code

Please transfer my membership in Peninsula Consumer Services Co-operative to the person named below in the following manner:

Please transfer _____ %	OR	Please transfer \$ _____
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REASON FOR TRANSFER _____

If an ESTATE please complete:

Administrator's Name: _____

Date of Death: _____ Mailing Address: _____
Month / Day / Year City Province Postal Code () Area Code Phone Number

Must enclose a copy of the Death Certificate AND the first page of the will or letters probate which shows the person below named as beneficiary.

Member's signature: _____ **Date:** _____
(Must be signed by Member, Administrator, or Power of Attorney)

PART 2

I hereby apply for Membership/Ownership in, and subscribe for shares of the capital stock of, Peninsula Consumer Services Co-operative based on the transfer of the above membership.

Please print

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____
City Province Postal Code

SIN: _____ / _____ / _____

Date of Birth: _____ / _____ / _____
Month Day Year

If you are already a member of Peninsula Co-op please complete: Member # _____ (if applicable)

New Applicant's signature: _____ **Date:** _____

All applications are subject to approval by the Board of Directors.

<i>FOR OFFICE USE ONLY</i>	Common shares _____	<i>Date approved by Board</i>
	Preferred shares _____	
<small>(Revised 7/15)</small>	Amount transferred _____	_____

When your form is completely filled out, please sign it and you can either mail it to the address above, drop it off to any of our Peninsula Co-op locations, fax it to 250-652-5298 or email to membership@peninsulaco-op.com along with supporting documents.