



APPLICATION FOR TRANSFER OF EQUITY

PART 1

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

Member Number _____

Address _____
Street City Postal code

Phone (____) _____

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

Please transfer _____% OR Please transfer \$ _____

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: ____/____/____
Email: _____ 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 at a Monthly Board Meeting.

Table with 3 columns: FOR OFFICE USE ONLY, Common shares, Preferred shares, Amount transferred, Date approved by Board.

Please sign form when completed and send to us by: mail to the address above; drop off at any Peninsula Co-op location; fax to 250.652.5298 or email to membership@peninsulaco-op.com together with supporting documents.