

DADT 1

## PENINSULA CONSUMER SERVICES CO-OPERATIVE

1-2132 Keating Cross Road, Saanichton, BC V8M 2A6 Administration Phone: 250-652-5752 | 1-877-652-5752

Fax: 250-652-5298

## **APPLICATION FOR TRANSFER OF EQUITY**

Member Name			Member Number	
Please print (Must be name membership is registered in)  Address			Phone ()	
Addless			Birthdate/////////	
Street	City	Postal	code MM DD YYYY	
Please transfer my memb the following manner:	ership in Peninsula Consu	umer Service	s Co-operative to the person named below in	
Please transfer	%	OR	Please transfer \$	
REASON FOR TRANSF	ER			
If an ESTATE please complete:	Executor's Name:			
Date of Death:	Mailing Address:			
Month Day Year				
	City		Province Postal Code Area Code Phone Number	
Member's signature: (Must be signed by Member, Administration of the company of t			Date:	
I hereby apply for Membe Consumer Services Co-op			shares of the capital stock of, Peninsula bove membership.	
Please print				
Name:			Home Phone:	
Address:			Work Phone:	
City	Province Post	al Code	SIN:/	
Email:			Date of Birth://	
If you are already a member	er of Peninsula Co-op please	complete:	Member #(if applicable)	
New Applicant's signatu	ıre:			
Date:				
All application	ons are subject to approval b	y the Board of	Directors at a Monthly Board Meeting.	
FOR OFFICE USE ONLY	Common shares		Date approved by Board	
	Preferred shares			
Revised 03/2022	Amount transferred			

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 <a href="mailto:membership@peninsulaco-op.com">membership@peninsulaco-op.com</a> together with supporting documents.