



**Wild Rose Co-operative Association Ltd.**

4818-51<sup>st</sup> Street, Camrose, AB T4V 2R8

Ph. (780) 672-3107 Fax (780) 672-5060 Email ar@wildrose.crs

**APPLICATION FOR WITHDRAWAL OF EQUITY**

(PLEASE PRINT)

**MEMBER NAME** \_\_\_\_\_

DATE \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**MEMBER NUMBER** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

CITY

PROVINCE

POSTAL CODE

REASON FOR WITHDRAWAL – (CHECK ONE AND COMPLETE DETAILS)

ESTATE – ADMINISTRATORS ARE: NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY

PROVINCE

POSTAL CODE

**Please provide a copy of the death certificate**

MOVED – FROM THIS COOPERATIVE TRADING AREA TO:

ADDRESS \_\_\_\_\_

CITY

PROVINCE

POSTAL CODE

**Please send proof of new address (for example, a copy of your Driver's License or utility bill)**

AGE (AS PER BYLAW): \_\_\_\_\_ BIRTH DATE \_\_\_\_\_  
YEAR MONTH DAY

**Please send proof of age (for example, a copy of your Driver's License)**

OTHER (SPECIFY) \_\_\_\_\_

**If closure of your business, please provide the Certificate of Dissolution.**

IF 'ESTATE', OR 'MOVED' OR 'OTHER' (APPLICANT TO CHECK ONE OF THE FOLLOWING AND SIGN):

I REQUEST PAYMENT IN FULL, AND BY SO DOING, I AM AWARE THAT I AM NOT ELIGIBLE FOR ANY PATRONAGE REFUNDS WHICH MAY BE ALLOCATED AFTER PAYMENT IS MADE.

REPAY ONLY AFTER ALLOCATION FOR THE CURRENT YEAR HAS BEEN DECLARED AND PROCESSED.

Wild Rose Co-op respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back Program. Your date of birth is used to administer the overage policy for the Equity and Cash Back Program.

I understand that by signing this application form, I am consenting to the collection of my personal information and its use for the stated purposes.

**APPLICANT'S SIGNATURE** \_\_\_\_\_

ADDRESS IF DIFFERENT FROM ABOVE \_\_\_\_\_

CITY

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**FOR OFFICE USE ONLY**

AMOUNT OF EQUITY \$ \_\_\_\_\_

PAYMENT DUE PER POLICY \$ \_\_\_\_\_

DEDUCT – ACCOUNTS RECEIVABLE (IF ANY) \$ \_\_\_\_\_

- MEMBERSHIP FEE OF \$ \_\_\_\_\_ TO BE RETAINED

AMOUNT OF PAYMENT \$ \_\_\_\_\_ CHEQUE NUMBER \_\_\_\_\_