

## 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 N	NUMBER		
REASON FOR WITHD	PROVINCE RAWAL – (CHECK ONE AND CON	POSTAL CODE  MPLETE DETAILS)				
☐ ESTATE – AD	MINISTRATORS ARE: NAME					
	PHONE N	UMBER				
	ADDRESS					
Please provide a cop	y of the death certificate	CITY	P	PROVINCE	POSTAL CODE	
□ MOVED – FR	OM THIS COOPERATIVE TRADIN	NG AREA TO:				
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Please send proof of	new address (for example, a co	ony of your Driver's Lie	cansa or utility	hill)		
ricase sena proor or	new address (for example, a co	opy or your briver 3 En	cense or atmity	J,		
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