



Wild Rose Co-operative Association Ltd.

4818-51st 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 _____

CITY

PROVINCE

POSTAL CODE

REASON FOR WITHDRAWAL – (CHECK ONE AND COMPLETE DETAILS)

ESTATE – ADMINISTRATORS ARE: NAME _____

ADDRESS _____

CITY

PROVINCE

POSTAL CODE

MOVED – FROM THIS CO-OPERATIVE TRADING AREA TO:

ADDRESS _____

CITY

PROVINCE

POSTAL CODE

AGE (AS PER BYLAW): _____ BIRTH DATE _____

YEAR

MONTH

DAY

PROOF OF AGE SHOWN TO _____ (STAFF MEMBER'S SIGNATURE)

OTHER (SPECIFY) _____

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

I REQUEST PAYMENT IN FULL, AND BY SO DOING, 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.

TRANSFER EQUITY TO:

NAME _____

MEMBER NUMBER _____

ADDRESS _____

BIRTH DATE _____

SIN _____

CITY

PROVINCE

POSTAL CODE

PHONE () _____

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. Wild Rose Co-op requires your Social Insurance Number (SIN) because the law requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the overage policy with respect to 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 to its use for the stated purposes.

APPLICANT'S SIGNATURE _____

ADDRESS _____

CITY

PROVINCE

POSTAL CODE

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 _____