MID ISLAND CO-OP
APPLICATION FOR WITHDRAWAL OF EQUITY

You're at home here. CO-OP

Administration Office
#103 - 2517 Bowen Rd
Nanaimo, BC V9T 3L2
Phone: 250-729-8400
Fax: 250-729-8426
co-opadministration@midisland.crs

RETAIL ___Mid Island Co-op #17483___   DATE _____

MEMBER NAME _____   MEMBER NUMBER _____

ADDRESS _____   PHONE NUMBER _____

_____   **Email:**_____
CITY   PROVINCE   POSTAL CODE

REASON FOR WITHDRAWAL – (CHECK <u>ONLY ONE</u> AND COMPLETE DETAILS)

☐ **ESTATE – ADMINISTRATORS ARE:**

NAME: C/O _____

C/O ADDRESS _____

_____
CITY   PROVINCE   POSTAL CODE

*MUST ENCLOSE A COPY OF THE DEATH CERTIFICATE AND THE WILL WHICH STATES THE EXECUTORS NAME AND SIGNATURES

☐ **BUSINESS CLOSURE:** REASON:_____

☐ **MOVED** FROM THIS CO-OPERATIVE TRADING AREA TO: **(Please attach a document with your name and this address on it for proof that you have moved.)**

☐ I REQUEST PAYMENT IN FULL, AND BY SO DOING, AM AWARE THAT I AM NOT ELIGIBLE FOR FURTHER PATRONAGE REFUNDS AND ONCE PAYMENT IS MADE THE MEMBERSHIP IS TERMINATED

NEW ADDRESS _____

_____
CITY   PROVINCE   POSTAL CODE

☐ **AGE (AS PER BYLAW):** _____ BIRTH DATE _____ _____ _____
YEAR   MONTH   DAY

☐ **Copy of Proof of age attached**

☐ **RETAIN MEMBERSHIP FEE $** 10.00   OR

☐ **TERMINATE MEMBERSHIP WITH A COMPLETE PAYOUT**

☐ **OTHER (SPECIFY)** _____

APPLICANT'S SIGNATURE ___X_____   DATE APPROVED BY BOARD

ADDRESS ___Same as above___   _____ / _____ / _____
DD / MM / YYYY

_____
CITY   PROVINCE   POSTAL CODE

FOR OFFICE USE ONLY

AMOUNT OF EQUITY **$_____**

DEDUCT – Accounts Receivable (IF ANY) $_____

MEMBERSHIP FEE OF $10.00 $ _____ *TO BE RETAINED*

AMOUNT OF PAYMENT $_____   *CHEQUE NUMBER* _____