



MID ISLAND CO-OP

APPLICATION FOR WITHDRAWAL OF EQUITY

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 ONLY ONE 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) _____

The 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 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 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 _____