SLOCAN VALLEY CO-OPERATIVE ASSOCIATION
APPLICATION FOR CHANGE OF NAME / ADDRESS
(PLEASE PRINT)

1. IDENTIFICATION – CURRENT ACCOUNT HOLDER

(PERSONAL NAME **-OR-** BUSINESS NAME CURRENTLY SHOWING ON SYSTEM)

Last Name: _____ First Name: _____ Middle Initial: _____

Business Name: _____

Member Number: _____ E-mail: _____

Date of Birth: ____/____/____ Social Insurance Number : ____/____/____ Phone: (___)_____ Fax: (___)_____
Y M D

2. FOR CHANGE OF NAME / INFO

(WRITE ONLY IN THE FIELD(S) YOU WISH TO CHANGE)

Last Name: _____ First Name: _____ Middle Initial: _____

Business Name: _____

E-mail: _____ Phone: (___)_____ Fax: (___)_____

3. FOR ADDRESS CHANGE

PREVIOUS Mailing Address:

Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____

NEW Mailing Address:

Mailing Address: _____ City: _____ Prov: _____ Postal Code: _____

4. IDENTIFICATION – ADDITIONAL ACCOUNT HOLDER

(Per Bylaws of the Slocan Valley Co-operative Association, Joint Membership may apply to two or more, but no more than four, individuals, in accordance with the Rules of the Association found in Part 2 – Membership. The effective date of the joint membership is on the day that the application for membership is approved by the Board of Directors. The parties to a joint membership whose name appears first on the Association's register of members is entitled to cast a vote, but if that member does not do so, the party whose name next appears on the register is entitled to cast the vote, and so on if there are more than two joint members.)

Last Name: _____ First Name: _____ Middle Initial: _____

E-mail: _____

Date of Birth: ____/____/____ Social Insurance Number : ____/____/____ Phone: (___)_____ Fax: (___)_____
Y M D

Name of Applicant: _____ Date: _____

Signature of Current Member: _____ Please Print Name: _____

Signature of Joint Member: _____ Please Print Name: _____

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. The 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 states purposes.

DATE APPROVED BY BOARD OF DIRECTORS: ____/____/____
Y M D