

MARY VALLEY COUNTRY HARVEST COOPERATIVE LTD.

MEMBERSHIP APPLICATION

I/We the undersigned apply for Membership in the above Co-operative.

NAME Applicant 1:

NAME Applicant 2:

BUSINESS TRADING NAME:

ABN:

POSTAL ADDRESS:

BUSINESS ADDRESS:.....

PHONE: MOBILE:FAX:

EMAIL:

I/We apply to be admitted as a member of the Mary Valley Country Harvest Cooperative, and to be allotted shares in the Cooperative (minimum one) at \$25.00 per share, fully payable on application.

I/We expect to meet the Active Membership requirements of the cooperative, namely to trade, on a regular basis, items that have been made, baked, grown or sown by myself/ourselves.

I/We agree to pay an annual subscription to the cooperative. Subscriptions are renewed on 1st January each year. If joining during the year, a pro rata payment applies. Full year fee \$52.00. New memberships April -June \$39.00, July-September \$26.00, October-December \$13.00

I/We authorise you to place our name on the Register of Members of the cooperative.

.....
APPLICANT 1 SIGNATURE

.....
APPLICANT 2 SIGNATURE

DATE:

DATE:

Notes:

1. All applications for membership will be considered by the Board and the applicant informed of outcome in writing.

2. Share allotment: No member may hold more than 20% of the nominal value of issued share capital of the cooperative.

PAYMENT TENDERED		
SHARES @ \$25.00	\$
SUBSCRIPTION	Full year \$52	
	Join Apr-June \$39.00	\$
	Join Jul-Sep \$26.00	
	Join Oct-Dec \$13.00	
TOTAL DUE:		\$
METHOD OF PAYMENT: Cash/cheque/bank transfer (Cheques payable to Mary Valley Country Harvest Co-operative)		

FOR OFFICE USE ONLY

APPLICATION No. DATE RECEIVED: DATE APPROVED:

RECEIPT No.: SHARE No.s ALLOTTED: