



121 Old Hwy 26
 Meaford, ON N4L 1W7
 Phone: 519-538-1522
info@thebarncoop.ca
www.thebarncoop.ca

The Barn Co-operative Network Inc.

MEMBER APPLICATION FORM

Full Name (First, Middle, Last) _____

Street Address (Street Address, city, postal code). Please indicate if you have a separate billing/ mailing address. _____

Primary Phone _____ E-mail _____ Are you interested in receiving our monthly newsletter? (Y/N) _____

Are you interested in investing in The Barn Co-operative Network? No Yes I would like more information
 If **yes**, how many shares would you like to purchase (\$100 per share, with a maximum of 199 shares per couple)? _____
 Total cost of shares (number of shares x \$100) \$ _____

Are you interested in investing with SD-RRSP's*? (Y/N) _____
 If **yes**, amount in SD-RRSP's you wish to invest: \$ _____
 *Availability subject to confirmation of RRSP eligibility of shares

Write a short description of your expectations of a membership or investment in The Barn Co-operative Network Inc.:

What goods and services would you like to see offered? What are your priorities when it comes to food, and health? For example: Non-GMO, local, organic, bio-dynamic, gluten-free etc.? Events? Workshops?

Co-operatives only thrive if the Membership participates in its operation. Are you interested in becoming more involved in the Co-operative? If so what skills would you like to invest? How much time would you like to contribute?

Membership Dues (\$5 one time, \$40 annual administrative fee): \$ _____

Payment: Cash Cheque Visa Mastercard

** cheques to be payable to The Barn Co-operative Network Inc. and mailed to the address: 121 Old Hwy 26, Meaford ON, N4L 1W7*

I HEREBY APPLY FOR MEMBERSHIP IN THE BARN CO-OPERATIVE NETWORK INC. I AGREE WITH AND UNDERSTAND MY RIGHTS AND OBLIGATIONS AS A MEMBER OR MEMBER/INVESTOR.

SIGNATURE: _____ PRINT NAME: _____ DATE: _____

We value your privacy. All information reported will remain completely confidential.