SLOCAN VALLEY CO-OPERATIVE ASSOCIATION APPLICATION FOR CHANGE OF NAME / ADDRESS

(PLEASE PRINT)

1. IDENTIFICATION – CURRENT ACCOUNT	NT HOLDER		DATE:
(PERSONAL NAME -OR- BUSINESS NAME	CURRENTLY SHOWING ON SYSTEM – ALSO TO ADD I	NFORMATION CURRENTLY MISSING)	
Last Name:	First Name:		Middle Initial:
Business Name:		Business No.	:
Member Number:	E-mail:		
Date of Birth: / / / M D	Social Insurance Number : //	Phone: ()	Fax: ()
2. FOR CHANGE OF NAME / INFO			
(WRITE ONLY IN THE FIELD(S) YOU WISH	INFORMATION TO BE CHANGED TO THE FOLLOWING	G)	
Last Name:	First Name:		Middle Initial:
Business Name:		Business No.	:
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 ACCO	OUNT HOLDER (JOINT ACCOUNT APPLICATION)		
(Per Bylaws of the Slocan Valley Co-open Rules of the Association found in Part 2 – the Board of Directors. The parties to a j	ative Association, Joint Membership may apply to two - Membership. The effective date of the joint member ioint membership whose name appears first on the As e name next appears on the register is entitled to cast	rship is on the day that the application f ssociation's register of members is entitl	or membership is approved by ed to cast a vote, but if that
Last Name:	First Name:		Middle Initial:
E-mail:			
Date of Birth: / / / Y M D	Social Insurance Number : / /	Phone: ()	Fax: ()
Name of Applicant:		~ 11/11/11/11	
Signature of Current Member:		Please Print Name:	
Signature of Joint Member:		Please Print Name:	
Program. The Co-op requires your Social Insur Your date of birth is used to administer the over	Il information in this form will be used to communicate with y rance Number (SIN) because the law requires us to report par erage policy with respect to the Equity and Cash Back Progra personal information and to its use for the states purposes.	tronage allocations for income tax purposes.	(CO-OP)