



**ARMSTRONG
REGIONAL
COOPERATIVE**

\$ SIGN UP AND SAVE \$

- **Purchase a \$10 Shareholder Membership**
- **Receive Patronage Equity Rebate on Purchases**
- **Example: On average, if you spend \$3,000 on fuel and convenience store items annually, you could get \$200 to \$300 in equity & cash back next April.**
- **Complete the enclosed application and return it with \$10 by mail or drop it at our Salmon Arm, Canoe or Armstrong locations.**

Armstrong Regional Cooperative
 Box 250, Armstrong, BC V0E 1B0
 Phone Toll Free: 1.888.535.2667
 Fax: 250.546.9478

**Bulk Fuel & Lubricant Sales at Armstrong & Canoe
 Cardlocks in Armstrong, Canoe & Scotch Creek
 Gas Bars in Armstrong & Salmon Arm**

Come Prosper With Us

APPLICATION FOR **MEMBERSHIP** in the Armstrong Regional Cooperative, (the 'ARC') on this the ___ day of _____, 20___, I hereby apply for membership in the ARC & apply for 10 common shares of the ARC for a total price of \$10 & request you allot them to me. I understand that I will become a member only after board approval of this membership application. Upon becoming a member, I agree to be bound by the bylaws and policies of the ARC, as amended from time to time. I agree that the ARC shall have a lien on the equity which I may have at any time in the ARC, including my shares and all funds arising from patronage refunds or dividends, for any monies at any time owing by me to the ARC. All shares and patronage refunds of dividends shall be held in the name of the applicant only.

The ARC respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity & Cash Back Program. The ARC requests your SIN because the law requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the over-age policy with respect to the Equity & 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.

Signature of Applicant: _____

Name: _____
 (please print FIRST Name) (please print LAST Name)

Mailing Address: _____

City: _____ Postal Code: _____

Phone #: _____ DOB: _____
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SIN: _____ I decline to provide my SIN for CRA use.
 (CRA has requested that the ARC make every effort to collect the members SIN. By ticking the box above you confirm that the ARC has asked for your SIN and you have declined to provide it)

Complete the section below **ONLY** if you wish to have your shares, account name, patronage cheque and all correspondence in your business name.

Business Name: _____

Business #: _____ (as registered with CRA)

Please provide all details of business including incorporation documents, sole proprietor details or partnership names (including signing authorities, % ownership and other pertinent details.

New Member #: _____