

## MEMBERSHIP APPLICATION FOR NEW HDC MEMBERS

Dear Applicant:

Thank you for applying to be a member of Hensall District Co-operative. Membership applications are reviewed at the end of each month by the Board of Directors. Acceptance of your application will be mailed to you, after approval by the Directors. In order to have charge privileges, an account application must be completed and approved as per our credit policy. You authorize and consent to HDC Inc. to release your information as required to a third party.

Individuals are now required to provide their Social Insurance Number to persons who must prepare T4A or T5 information slips in their name. A \$100 PENALTY from Revenue Canada will apply to individuals who refuse to provide their Social Insurance Number.

**I (we) hereby apply for membership with Hensall District Co-operative Inc.**

<b>First Name(s): (Legal)</b>	<b>Middle Initial(s):</b>	<b>Last Name:</b>
<b>Address:</b>	<b>Postal Code:</b>	<b>911 Municipal Number:</b>
<b>Phone Number:</b>	<b>Cell Number:</b>	<b>Fax Number:</b>
<b>Social Insurance Number (s):</b>		<b>E Mail Address:</b>
<b>Description of Business:</b>		
<b>Product &amp; Services Used:</b>		
<b>Feed</b>	<b>Beans</b>	<b>Grain</b>
<b>Crop Products</b>	<b>Petroleum</b>	<b>Propane</b>

**BUSINESS INFORMATION: (if applicable)**

<b>Legal Farm (Business) Name:</b>	<b>Type of Business:</b>
	<b>Sole Proprietorship    Partnership</b> <b>Corporation</b>

**Membership Fee: \$50.00**

**Charge my account:**

**Payment enclosed:**

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**Signature of Applicant:**

**Name of H.D.C. Representative**

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**Date**