



Valley Funeral Home Co-operative Ltd.

MEMBERSHIP APPLICATION

I hereby make application for a full voting membership in the Valley Funeral Home Co-operative Ltd. through the purchase of 10 (ten) shares valued at \$50 (fifty dollars) each for a total payment of \$500. By applying for membership, I agree to abide by the bylaws of the co-operative and the policies of the Board of Directors. All applications are subject to the approval of the Board of Directors. Please allow 60-90 days for approval. To receive the benefits, membership must be paid in full.

Name _____

Address _____

Mailing address _____

Town _____ Postal Code _____

Telephone _____ Work _____

Email _____

Name of spouse (if applicable) _____

Names of other legal dependents living at home (if applicable) _____

Signature _____ Date _____

PAYMENT METHOD:

Enclosed cheque for \$500. Cheque # _____ Date: _____
Temporary Receipt # _____ Permanent Receipt # _____

Please charge my credit card: Visa Mastercard
Name on Card _____
Number _____ Expiry _____

Enclose cheque for \$100 and eight additional cheques for \$50 each post-dated for the first day of the next eight consecutive months.

Cheque 1: Date _____ # _____	Cheque 2: Date _____ # _____
Cheque 3: Date _____ # _____	Cheque 4: Date _____ # _____
Cheque 5: Date _____ # _____	Cheque 6: Date _____ # _____
Cheque 7: Date _____ # _____	Cheque 8: Date _____ # _____

Please send form with your payment to:

Valley Funeral Home Co-operative Limited

Attention: **Membership Chairperson**

**34 Coldbrook Village Park Dr,
Coldbrook, Nova Scotia B4R 1B9**