



# Membership Application

v. 2009-08-01

Local Initiative for Future Energy  
Co-operative Inc. (LIFE)  
125 Snyder's Rd East  
Baden ON  
N3A 2V4  
www.lifecoop.ca

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_  
Corporate Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City / Town: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Home Telephone: (\_\_\_\_) \_\_\_\_\_ Work Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_  
I prefer to be contacted by (please check one): e-mail  / Postal

### Co-op Membership

I agree that, as a condition of my membership, I will purchase one (1) Membership Share with a par value of one hundred and seventy five dollars (\$175.00) immediately, and a minimum of five (5) Class A Preference Shares with a par value of fifty dollars (\$50.00) each for a total of two hundred and fifty dollars (\$250.00), due and payable within six (6) months of government (FSCO) approval of LIFE's Share Offering Statement: I understand that I will be contacted once approval is obtained. Holders of Membership Shares are entitled to attend and vote at all meetings of members of the Co-operative and to receive such patronage dividends and dividends (subject always to the prior rights of holders of Class A Preference Shares) on Membership Shares as may be declared from time to time at the sole discretion of the Board of Directors.

It is my understanding that I am not a member with voting privileges until my membership has been accepted by the Board of Directors of LIFE Co-operative Inc. at the next regular board meeting held following their receipt of this application, and that my membership may be revoked without remuneration of the Membership Share fee if I fail to purchase the aforementioned Class A Preference Shares by the date specified.

SIN # or Business Tax #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Required by Government for Taxation Purposes (year / month / day)

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
(year / month / day)

If mailing membership application please complete and sign this form, enclose a cheque in the amount of \$175.00 made payable to "LIFE Co-operative Inc.", and mail to:  
LIFE Co-operative Inc.  
Membership Services  
125 Snyder's Rd East  
Baden, ON N3A 2V4

### Office Use Only

Fee: \$175.00 paid:  Cheque #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Member #: \_\_\_\_\_  
Signature of Co-op Representative \_\_\_\_\_ Date (year / month / day) \_\_\_\_\_

### Board Approval

Date of Approval: \_\_\_\_\_  
(year / month / day)

\_\_\_\_\_  
President's Signature Secretary's Signature