

Denmark Co-operative Co. Ltd.

Application for Membership



The Directors
Denmark Co-operative Co. Ltd.
Strickland Street
DENMARK
WA 6333

I/we the undersigned hereby apply for Membership in the Denmark Co-operative (the "Co-op").

I/we apply for ____ (minimum 200 Shares) fully paid Shares of 50 cents each in the Co-op and I/we tender \$_____ in full payment thereof. I/we agree to accept the same or any less number of Shares that may be allotted to me/us, and authorise you to place my/our name on the Register of Members of the Co-op in respect of the Shares so allotted, and to deduct any amounts due to me at any time from these Shares from any debit I/we may accrue with the Co-op.

We have been advised by you that:

- I/we am/are entitled, upon request, to inspect or to be sent: a consolidated copy of the Rules of the Co-op; a copy of all special resolutions applicable to me/us as a Member and passed by Members of the Co-op since its last Annual General Meeting; and a copy of the last Annual Report of the Co-op;
- I/we must inform the Co-op in writing of any changes to my contact details and/or mailing address;
- I/we must spend at least \$250 with the Co-op each financial year ending 30 April to retain my/our active Membership status;
- if, in the absence of exceptional circumstances, (a) we do not spend \$250 each year at the Co-op, or (b) my/our whereabouts are not known to the Co-op for a continuous period of 12 months prior to a financial year end, then the Co-op will be required under law and in accordance with its Rules to cancel our Membership, in which case our Shares will be forfeited;
- where Shares are forfeited, the Board's policy is to pay the cancelled Member 25% of the paid-up value of a Share (i.e. 12.5 cents per Share). Where the total amount due is not more than \$100, the Co-op has the discretion to appropriate the amount as a donation.

I/we warrant that, if accepted as a Member, I/we will fulfil my/our active Membership requirements and I/we agree to be bound by the Rules of the Co-op for the time being in force.

Date _____ 201__ Signature(s) _____

REGISTERED NAME(S)

Surname 1 Surname 2

First Names
(In Full)

Tax File Number 1 Tax File Number 2

Company name (if applicable)

Company's ABN

Postal Address

E-mail address Phone number

OFFICE USE ONLY	
Shareholder #	
Certificate #	
Account #	
Shopper #	