

**APPLICATION FOR WITHDRAWAL OR TRANSFER OF EQUITY
(INFORMATION ON ASSOCIATION RULES FOUND ON OTHER SIDE OF FORM - PLEASE PRINT LEGIBLY)**

RETAIL Slocan Valley Co-operative Association DATE _____

MEMBER NAME _____ MEMBER NUMBER _____

MAILING ADDRESS _____ PHONE NUMBER _____

_____ SOCIAL INSURANCE NO. _____

_____ DATE OF BIRTH _____

CITY PROVINCE POSTAL CODE YEAR MONTH DAY

REASON FOR WITHDRAWAL – (CHECK ONE AND COMPLETE DETAILS)

- ESTATE – EXECUTOR(S) (Any funds will be in the name of:) NAME _____
- MAILING ADDRESS _____
- CITY PROVINCE POSTAL CODE
- MOVED – (Only if outside of the trading area:) MAILING ADDRESS _____
- CITY PROVINCE POSTAL CODE
- AGE – (Senior’s Redemption if over the age of 65) AGE _____ BIRTH DATE _____
- YEAR MONTH DAY
- PROOF OF AGE VERIFIED BY: _____ (STAFF MEMBER’S SIGNATURE)
- OTHER – (SPECIFY) _____

IF ‘ESTATE’, ‘MOVED’ OR ‘AGE’ (APPLICANT MUST CHECK ONE OF THE FOLLOWING AND SIGN):

- I request payment in full, and by so doing, am aware that I am not eligible for any Patronage Refunds which may be allocated, after payment is made.
- Repay only after allocation for the current year has been declared and processed.
- Retain membership fee of \$25.00 (CHECK ONE) Until after current allocation
- To retain membership

TRANSFER EQUITY TO: (Must be to an existing or recently approved member number)

MEMBER NAME _____ MEMBER NUMBER _____

MAILING ADDRESS _____ SOCIAL INSURANCE NUMBER _____

_____ DATE OF BIRTH _____

CITY PROVINCE POSTAL CODE YEAR MONTH DAY

The Slocan Valley Co-operative Association respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back Program. The Slocan Valley Co-operative Association requires your Social Insurance Number (SIN) because Canada Revenue Agency requires us to report patronage allocations for income tax purposes. Your date of birth is used to administer the overage policy with respect to the Equity and 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.

APPLICANT’S SIGNATURE _____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

AMOUNT OF EQUITY \$ _____

PAYMENT DUE PER POLICY \$ _____

DEDUCT - ACCOUNT BALANCE \$ _____

- RETAIN MEMBERSHIP \$ _____

AMOUNT OF PAYMENT \$ _____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

DATE APPROVED BY BOARD

_____ / _____ / _____

DD MM YYYY

CHEQUE NUMBER _____

**RULES INFORMATION AND
APPLICATION FOR WITHDRAWAL
OR TRANSFER OF EQUITY**



**Slocan Valley
Co-operative
Association**

Box 10 – 3024 Hwy 6
Slocan Park, B.C. Canada
VOG 2E0
Phone: 250-226-7433
Fax: 250-226-7916
Website: www.slocanvalleycoop.ca

The Redemption of Shares is based on a number of criteria specified through the Rules, sometimes referred to as the “Bylaws” of the Slocan Valley Co-operative Association, regulated per the Co-operative Association Act, as made and amended from time to time by the special resolution of the members of the Association.

Redemption of shares is subject to the Act and these Rules, when a member withdraws from membership, they may apply to withdraw the equity held by the Slocan Valley Co-operative on the basis of the following:

- a) Moving away from the trading area
- b) At age 65-or-over for a Senior’s Redemption to the minimum value of shares to retain membership
- c) Bankruptcy, liquidation or dissolution
- d) Member holder’s death

The following criteria must be met for proof of each:

- a) Moving away from the trading area:
 - A copy of a recent utility bill identifying member name and new address
- b) At age 65-or-over (Senior’s Redemption)
 - Proof of age by driver’s license, birth certificate, or other document bearing the name of the member and their date of birth
- c) Bankruptcy, liquidation or dissolution
 - Notice of order, notification via financial institution or agent of receivership or notary public
- d) Member holder’s death
 - A copy of the member holder’s death certificate

Applications are reviewed at the next scheduled monthly Board of Directors Meeting. If approved, the Association must redeem the equity of the withdrawing member within six (6) months after the member withdraws, and redeem all remaining membership shares that may occur as a result after the application of patronage returns credited to the member, within the time period the Board deems appropriate and in accordance with the order of priority specified in Bylaw Section 21 Part 12.

The priority of redemption of membership shares:

- Estates of individual members
- Senior’s Redemptions
- Members moving out of the trading area
- Remaining members according to a formula as determined from time to time by the Board
- Member requesting redemption of shares for other reasons, including, but not limited to:
 - Liquidation and dissolution, or receivership, of a member eligible organization;
 - Bankruptcy of a member

The transfer of equity can be performed between two existing members of the Slocan Valley Co-operative Association, but may not be approved until any debt due the Association by the transferor have been paid in full, and the transferee has applied for and been approved for membership by the Board of Directors.

For additional information, please contact the Administration Office of the Slocan Valley Co-op:

Address: Box 10
3024 Hwy 6
Slocan Park, BC
VOG 2E0

Phone: 250-226-7433
Fax: 250-226-7916

E-mail: mail@slocanvalley.crs