



APPLICATION FOR MEMBERSHIP

To: Quairading Farmers Co-operative Company Ltd ("the Co-operative")
PO Box 21 QUAIRADING , 6383

Applicant details _____
(Full legal name if applying as an individual(s) or Registered Entity name if a body corporate)

Trading Name (if any) _____

Authorised Representative if Applicant is a body corporate _____

Mailing Address: _____

Email (provided for all communications): _____

I/We apply for Membership of the Co-operative and acknowledge that:

1. Minimum shareholding is 25 Co-operative shares at nominal value of \$2.00 per share.
Therefore, we request to purchase _____ (number of shares),
for a total value of _____ (number of shares x \$2)
2. I/We were advised that I/we had the right to request to either inspect at the Co-operative's office, or be sent -
 - a. a consolidated copy of the rules of the Co-operative; and
 - b. a copy of any special resolutions applicable to the member and passed at a members meeting since the last Quairading Co-Op AGM, except special resolutions providing for an alteration to the rules of the Quairading Co-op; and
 - c. a copy of the most recent financial information reported to members under the Co-operatives Act 2009 (WA).
3. I/we are bound by the Co-operative's rules.
4. Co-operative makes no warranty or representation regarding membership.
5. Application is based on our own assessment of the benefits of membership.

Authorised signatories to sign here:

Individual or Applicant 1

Applicant 2

.....
Signature
Name
Date

.....
Signature
Name
Date

Share Capital Contribution
Amount \$..... (Cash/Card/EFT)
Receipt No.
Date Received/ /