



PERSONAL MEMBERSHIP

NAME CHANGE & TRANSFER INSTRUCTIONS

(see reverse for application form)

All name changes and transfers of equity are subject to approval by the Board of Directors. Please allow up to 8 weeks for processing. Please do not use this form if one of the members is deceased – refer to the Equity Withdrawal Form.

1. NAME CHANGE

Fill out this form if your name has changed due to marriage, etc. If your first name has changed, please attached proof of change.

2. TRANSFER

Fill out this form if you wish to transfer your membership and equity to someone else or transfer it to another member number.

If transferring to someone else, signatures of both parties are required.

If this is a joint membership, both members must sign to transfer all or a portion of the equity.

*New joint memberships discontinued effective May 1, 2014

If transferring to a company, please use Business Name Change or Transfer form

Note: If this membership currently has charging privileges, please contact Accounts Receivable at 403-309-8915 to update your information.

How to submit your documentation

- Fax to 403-341-5811
- Email to membership@centralab.coop
- Mail to: 6201-46 Avenue, Red Deer, AB T4N 6Z1
- Drop off at any Central Alberta Co-op location in a sealed envelope with “Administration” written on it.

Please call 403-343-2667 or email membership@centralab.coop if you have any questions.

Central Alberta Co-op is committed to protecting your privacy. Your personal information will be treated with the utmost discretion and will be used only when necessary in the day-to-day operations of our business, or when required by law.

NAME CHANGE OR TRANSFER
Central Alberta Co-op Ltd.
(see reverse for instructions)

MEMBER NAME: _____ MEMBER #: _____

MEMBER BIRTHDATE: _____ DATE: _____
(used to verify identity)

MAILING ADDRESS: _____ PHONE #: _____

EMAIL: _____

REASON FOR CHANGE – CHECK ONE OF THE BOXES BELOW AND COMPLETE DETAILS

NAME CHANGE

NEW NAME: _____ PHONE #: _____
(One person only)

MAILING ADDRESS: _____

EMAIL: _____

TRANSFER EQUITY TO:

MEMBER NUMBER: _____ PHONE #: _____

MEMBER NAME: _____ SIN #: _____
(One person only)

MAILING ADDRESS: _____ BIRTHDATE: _____

EMAIL: _____

REASON FOR TRANSFER: _____

SIGNATURE OF PERSON ABOVE: _____

*The form must be signed by the member who currently owns the membership as well as the person to whom the equity is being transferred to.

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.

MEMBER'S SIGNATURE

JOINT MEMBER'S SIGNATURE (IF APPLICABLE)

ADMINISTRATION USE ONLY

AMOUNT OF EQUITY

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