



HENSALL CO-OP
 1 DAVIDSON DRIVE, PO BOX 219
 HENSALL, ON. CANADA NOM 1X0
 P: 519.262.3002 F: 519.262.2317

HENSALL CO-OP BUSINESS MEMBERSHIP APPLICATION

Legal Business Name:		Type of Business: Sole Proprietorship Partnership Corporation	
*Name: <i>(Designated voting representative)</i>		***Date of Birth: (DD/MMM/YYYY)	
Second Name:			
*Full Mailing Address including 911 municipal address, RR#, Town, City, Province and Postal Code:			
*Phone (main contact):	Cell:	Position/Title:	
*Corporate Tax No. (Business No.)		*eMail Address <i>(application will not be processed without this)</i>	
Description of Business/Industry:			
Size of Operation: # of Acres Owned:		Rented:	
Farm Type: Cash Crop	Livestock	IP/Dry Beans	Other _____ N/A
Products & Services Used: Animal Nutrition		Beans	
Grain	Crop Products	Energy	Investments
*How did you hear about HENSALL CO-OP:			
Referral or Word of Mouth		Hensall Co-op Website	Social Media
Newspaper (_____)		Other (_____)	
<small>Please identify publication</small>		<small>Please explain</small>	
*Would you like to receive marketing/promotional information from us via email? Yes No			
*Void Cheque or Direct Deposit form is also required <i>(application will not be processed without this information)</i>			
*Apply for membership: Agree <i>By selecting 'Agree' and submitting this form, you are signing this application electronically, you agree your electronic signature is the legal equivalent of your manual signature and you agree to the terms and conditions stated.</i>			

** required fields - your application will not be processed without the required information*

One-time Life-time membership fee of \$50:

On-line bill payment:

Charge my account:

Payment enclosed:

 Signature of Applicant
(Authorized Signatory)

 Date
(DD/MMM/YYYY)

If you have any questions please call 1.800.947.8816 option 2.

Direct Deposit: Forward copy of a void cheque or a completed direct deposit form from your banking institution via fax 519-262-2317, mail to Hensall Co-op or deliver to a Hensall Co-op location, Attention: Membership.

Disclaimer: By completing this application you authorize and consent that Hensall District Co-Operative, Incorporated can release your information when required by the Co-Operative Corporations Act (section 120).