HENSALL CO-OP
1 DAVISDSON DRIVE PO BOX 219
HENSALL ON CANADA NOM 1X0
P: 519.262.3002 F: 51.262.2317

HENSALL CO-OP MEMBERSHIP APPLICATION

*Full Name of First Applicant:

and/or in trust of

Full Name of second Applicant:

*Full Mailing Address including 911 municipal address, RR #, Town/CIty, Province and Postal Code

*Phone (main contact):	Cell:	**Date of Birth: (DD/MMM/YYYY) *(First applicant)*

Occupation:
(First applicant)

**Social Insurance Number:	*eMail Address *(application will not be processed without this)*:

Farm Type:
Cash Crop ☐ Livestock ☐ IP/Dry Beans ☐ Other _____ N/A ☐

Products & Services Used: **Feed** ☐ **Beans** ☐ **Grain** ☐ **Crop Products** ☐ **Energy** ☐ **Investments** ☐

Size of Operations (*if applicable*): # of Acres Owned ; Rented

*How did you hear about HENSALL CO-OP:

Referral or Word of Mouth ☐ Hensall Co-op Website ☐ Social Media ☐

Newspaper: (_____) Other: (_____)
Please identify publication Please explain

*Would you like to receive via email the Annual Report? ☐ Yes Members Newsletter? ☐ Yes

*Void Cheque or Direct Deposit form is also required *(application will not be processed without this information)*

*Apply for membership: ☐

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.

*** required fields - this application will not be processed without this information.***

One-time membership fee of $50: Pay bill on-line: ☐ Charge my account: ☐ Payment enclosed: ☐

_____ _____
Applicant Date

_____ _____
Applicant Date

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.

**If you would rather not provide this information via this online form, please complete the rest of the form and then call 519-262-3511 ext 262 with your details.

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).

REV10:2021/02