



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
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*If the business operates under any name other than the exact legal name shown on the identification document, please provide a Master Business License issued by the province to support the legal use of the provided name.*

*Name: <small>(Designated voting Representative)</small>	Position/Title:
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*Full Mailing Address including 911 municipal address, RR#, Town, City, Province and Postal Code:
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*Email address:
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*Phone <small>(main contact)</small> :	Cell:	*Date of Birth: (DD/MMM/YYYY)
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Name of Co-Applicant <small>(if applicable):</small>		
Phone:	Email address:	Position/Title:

*Corporate Tax No. (Business No.)	Description of Business/Industry:
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Size of Operation: # of Acres Owned:	Rented:
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Farm Type: Cash Crop	Livestock	IP/Dry Beans	Other _____	N/A
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Products & Services Used: Animal Nutrition	Beans
Grain	Crop Products      Energy      Investments

I agree to receive Hensall Co-op emails about product updates, promotions, member perks (discounts) & newsletters	Yes	No
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I agree to receive Hensall Co-op emails about the Annual General Meeting and Annual Report	Yes	No
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\*A void cheque and Direct Deposit form are required (application will not be processed without this information)

\*Sole Proprietorship/Partnership/Charity- Please provide **one** of the following: Partnership Agreement, Partnership Registration, Articles of Association, Articles of Incorporation, Articles of Amalgamation, Certification of corporate status, Charity or Not-For-Profit Charter documents, Charity or Not-For-Profit Bylaws, Charity or Not-For-Profit meeting minutes signed by the Entity's Secretary, Confirmation of an Association's Directors issued on Association's letterhead or Letter from a parent governing body confirming authorization for Association to operate

\*Corporation - Please provide **one** of the following: Articles of Incorporation, Articles of Amalgamation or Certificate of Corporate Status

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

One-time membership fee of \$100 to be paid: On-line:      Charge my account:      Payment enclosed:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (DD/MMM/YYYY)

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date (DD/MMM/YYYY)

If you have any questions please call 1.800.265.5190 option 2.

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).



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## DIRECT DEPOSIT FORM

In an effort to streamline our accounting processes and ensure our members are paid in a timely manner, we are introducing direct deposit as our new form of payment. To set this up we need a **Void cheque** and the following banking information:

Bank Institution Number:

Transit Number:

Account Number :

Full legal name of You or Company:

Hensall Co-op Member Number (6 digits):

Contact name:

E-mail address:

Signature: \_\_\_\_\_

***Please ensure the following email address [info@hdc.ccsend.com](mailto:info@hdc.ccsend.com) is added to your contact list. This will ensure emails concerning EFT payment details will not be considered spam or junk mail by your email server.***

Going forward, should your banking information and/or contact information change please advise us as promptly as possible.

What does this mean to you? Direct Deposit means no hold on funds deposited to your account. You are assured funds will be deposited as you no longer have to wait for the cheque to arrive and be deposited.

We respect and adhere to the privacy laws of Canada.

If you have any questions, please feel free to contact:

Sylvie Atwell  
Member Services & Credit Manager  
Hensall Co-op  
519-262-3511 ext. 262  
satwell@hdc.on.ca

[www.hensallco-op.ca](http://www.hensallco-op.ca)