



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 via email the Annual Report? Yes Members Newsletter? Yes			
*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).



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HENSALL ON N0M 1X0 CANADA
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FAX: 519.262.2317

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 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