



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 MEMBERSHIP APPLICATION

### Applicant

*Applicant's Full Legal Name:		
*Full Mailing Address including 911 municipal address, RR #, Town/City, Province and Postal Code		
*Phone:	Cell:	*Date of Birth: (DD/MMM/YYYY)
Occupation:		
*Social Insurance Number:	*eMail Address	

### Co-Applicant (if applicable)

Or	And	In trust of
Co-Applicant's Full Legal Name:		
Full Mailing Address including 911 municipal address, RR #, Town/City, Province and Postal Code		
Phone:	Cell:	Date of Birth: (DD/MMM/YYYY)
Occupation:		
Social Insurance Number:	eMail Address	

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 _____

I agree to receive Hensall Co-op emails about product updates, promotions, member perks (discounts) & newsletters	Yes	No
I agree to receive Hensall Co-op emails about the Annual General Meeting invitation and Annual Report	Yes	No

\* A void cheque **and** Direct Deposit form are required (application will not be processed without this information)

\* An original piece of identification must be provided for each applicant to the Hensall Co-op employee you are submitting the application to. For electronic submissions, please send copies of **2 pieces of identification per applicant**. (E.g. driver's license, passport, permanent resident card, provincial government ID card etc. Health cards are not an acceptable form of identification.)

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

One-time membership fee of \$100: Pay bill:    On-line:                      Charge my account:                      Payment enclosed:

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

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)