



APPLICATION FOR WITHDRAWAL or TRANSFER OF EQUITY

Armstrong Regional Cooperative, Box 250, Armstrong, BC V0E1B0 Toll Free: 1.888.535.2667

Applicant Name: _____

Phone #: _____

Member Mailing Address: _____

Member #: _____

_____ Date of Application: _____

REASON FOR WITHDRAWAL - Complete all details for the one relevant section only

Estate: Name & Mailing _____
(Proof of Address of _____
Death Req'd) Administrators _____

Moved: Mailing Address _____
Outside our area _____

Over 65: DOB (dd-mmm-yyyy): _____
Proof Of Age Document: _____
Name/Initials of ARC Employee: _____

Other: Specify: _____

For the Above Withdrawals - Select One of the following

- I request payment in full and by so doing, am aware that I am not eligible for any patronage refunds which may be allocated after payment is made.
- Repay the equity balance only after allocation for the current year has been declared and processed.
- Retain the \$10 membership fee until after current allocation.
- Retain the \$10 membership fee.

TRANSFER OF EQUITY: (Documentation may be required for some transfers and a new member form is required for all transferees)

Transferee Name: _____ Transferee Member #: _____

The Armstrong Regional Cooperative (ARC) respects your privacy. The personal information in this form will be used to communicate with you and to administer the Equity and Cash Back program. All applications are presented to the ARC board of directors for approval. By signing this application form, the applicant consents to the collection of my personal information and to its use for the stated purposes.

Applicant's Signature: X _____ (Please sign form)

For Office Use Only Current Amount of Equity _____ Date Approved by Board: _____
Less Accounts Receivable _____
Less \$10 Membership Fee _____
Amount of Payment to Member _____ Cheque #: _____