

APPLICATION FOR MEMBERSHIP (Share Purchase) in the Armstrong Regional Cooperative, (the 'ARC') on this the _____ day of _____, 20____, I hereby apply for membership in the ARC and apply for 10 common shares of the ARC for a total price of \$10 and request you allot them to me. I understand that I will become a member only after board approval of this membership application. Upon becoming a member, I agree to be bound by the bylaws and policies of the ARC, as amended from time to time. I agree that the ARC shall have a lien on the equity which I may have at any time in the ARC, including my shares and all funds arising from patronage refunds or dividends, for any monies at any time owing by me to the ARC. All shares and patronage refunds of dividends shall be held in the name of the **applicant only**.

The ARC respects your privacy. The personal information in this form will be used to communicate with you and to administer the **Equity & Cash Back Program**. The ARC requests your Social Insurance Number (SIN) (or Business Number (BN) where the applicant is a business) because the law requires us to report patronage allocations for income tax purposes. Failure to provide your SIN (or BN) may prevent you from obtaining credit for any Withholding Tax submitted on your behalf. While not obligatory, your date of birth is used to administer the over-age policy with respect to the Equity & Cash Back Program and therefore its provision is to the member's advantage. I understand that by signing this application form I am consenting to the collection of my personal information and to its use only for the stated purposes. The rules of the ARC can be found on our website (www.armstrong.coop) or by contacting our office directly.

PERSONAL MEMBERSHIP - Single Person's Name, Fill All Fields (Businesses Use the Section Below)

Name: _____ (PRINT First/Given Name) _____ (PRINT Last/Family Name)

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

E-mail: _____ Date of Birth: ____/____/____
Y Y Y Y M M D D

Phone #: _____ Cell #: _____

SIN _____ I have been asked by the ARC for my SIN and by checking this box, I decline to provide my SIN for CRA use. Failure to provide your SIN may prevent you from obtaining credit for any Withholding Tax submitted to CRA on your behalf as the deductions made on patronage rebates will not settle to your CRA account if you have not provided a Social Insurance Number)

Signature of Personal Applicant X _____

BUSINESS MEMBERSHIP - Fill All Fields

(Complete ONLY if you wish your shares, patronage cheque and all correspondence in your business name.)

Business Name: _____ Business Ph: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Business Number: _____ As registered with CRA. Failure to provide your BN may prevent you from obtaining credit for any Withholding Tax submitted to CRA on your behalf as the deductions made on patronage rebates will not settle to your CRA account.

Shareholders (attach sheet if more room needed)

Signing Authorities (attach sheet if more room needed)

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |

Please provide all details of business including incorporation documents, sole proprietor or partnership details and any other pertinent details.

ANY OWNERSHIP CHANGES MUST BE REPORTED TO THE ARC IMMEDIATELY.

 Printed Name of Authorized Signatory Making Application X _____
 Signature of Authorized Signatory Making Application