

MEMBERSHIP FORM

<input type="text"/>		
FIRST NAME	INITIAL	LAST NAME

<input type="text"/>	<input type="text"/>
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STREET	P.O. BOX
<input type="text"/>	<input type="text"/>

CITY	PROV.
<input type="text"/>	<input type="text"/>

POSTAL CODE	TELEPHONE
<input type="text"/>	<input type="text"/>

MAY WE CONTACT YOU BY E-MAIL?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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E-MAIL	\$ <input type="text"/>
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INITIAL SHARE CAPITAL:

I hereby agree to purchase twenty (20) shares of \$25 each from the "Coopérative de Dieppe Ltée" and to pay at least two shares when I join as a founding member. I also hereby agree to conform to the co-operative's bylaws.

Should the project not go ahead, my two shares will be reimbursed to me in their entirety.

SIGNATURE:

DATE:

Recruiter:

Dieppe Co-op
P.O. Box 27070, Dieppe, N.B.
Canada E1A 4V3

MEMBER NUMBER

NUMBER OF CARDS:

