



Become a member of the
**Maple Street
 Co-operative
 Society Limited**

Maple Street Co-op Shop
 37 Maple St Maleny Q4552
 Phone (07) 5494 2088
 Fax (07) 5499 9246
www.maplestreetco-op.com

OUR VISION

*Vibrant health in a thriving community –
 so much more than just a health food store...*



MEMBERSHIP APPLICATION 1

**Maple Street Co-operative
 Society Limited**

(NB: PLEASE PRINT CLEARLY – APPLICATIONS WILL
 NOT BE PROCESSED IF THEY ARE NOT LEGIBLE!)

Nominate a Principal Share Holder

Title: _____ Given Name: _____

Surname: _____

Birthday (optional if over 18 years) _____

Secondary Share Holder

Title: _____ Given Name: _____

Surname: _____

Birthday (optional if over 18 years) _____

Postal Address: _____

_____ P/code _____

Address: (if different from above): _____

_____ P/code _____

Phone: _____

Mob: _____

Email: _____

I wish to be a 'Friend of the Co-op' and donate my
 5% member discount back to the Co-op (please tick).

MEMBERSHIP APPLICATION 2

Number of \$25 shares applied for: _____

(Cheques payable to: Maple Street Co-operative Society Limited)

Total cost of shares (Qty applied for x \$25) =	\$
Subscription fee: July–December: \$25 January–March: \$12 April–June: \$6	\$
TOTAL PAYABLE (inc GST)	\$

*I understand that membership is subject to full payment of
 the nominal value of a share and to approval by the Board of
 Directors. Should my membership be cancelled under section
 125 of the Co-operatives Act 1997 and I can't be contacted, I
 agree to the nominal value of my share/s being donated to the
 Co-op.*

Applicant's Signature:

Date: ____/____/____

Office use only. Attention staff – attach POS docket			
Membership no.			
Entered in Frequent Shoppers		Entered in Register	
Board Approval Date:			
Share Number(s):			