

Rapid City & District Co-op Ltd.
Box 238 465 2nd Avenue
Rapid City, MB R0K 1W0

MEMBERSHIP NAME CHANGE FORM

MEMBER CO-OP # _____

Date _____

NEW NAME

Name _____

Mailing Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____ Email _____

OLD NAME:

ATTACH PROOF _____

The Co-op 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. Rapid City & District Co-op Ltd. may use your information for marketing and promotional purposes to offer you goods and services.

I understand that by signing this application form I am consenting to the collection of my personal information and to its use for the stated purposes.

Signature

Signature (joint ownership)

OFFICE USE ONLY

Verified _____ Date accepted by Board: _____

Number of Shares Owned by Member: _____