



ESPERANCE ORGANISED PRIMARY PRODUCERS
 CO-OPERATIVE LIMITED
 PO BOX 2077
 ESPERANCE WA 6450

APPLICATION FOR SHARES

Please complete the application using block letters

Applicant/s Family name

Applicant/s Given names

Title (Mr/Mrs/Ms/Dr)

Contact Address (Home) (Postal)

Line 1

Town

Postcode

Phone Fax

Email

Company Name

Trading Name

ABN Number

Name/s to appear on Share Register

Address to appear on Share Register

Number of shares required (minimum 100)

I/We declare that the above information is correct and, if accepted as a member, I/we will be able to fulfil the active membership requirements. I/We agree to be bound by the Co-operative's rules.

Signatures of Applicants

Date signed

(This is about your cards)

Number of cards required
 (cards presented to vendors when trading)

Name of person/s being issued with a card.....

Please return **application form** and **payment for shares** to address above



Phone 90712564
 E-mail eo@eoppcooperativeltd.com