



PO BOX 2077
ESPERANCE, WA, 6450
ABN 20 992 642 274

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: (08) 90712564

E-mail: eo@eoppcooperativeltd.com

Web: <https://www.eoppcooperativeltd.com>