

Kanjini Co-Op Limited

Registration Number 0310
PO Box 863, Edgehill, Qld, 4870; kanjini@aapt.net.au

Membership Application Form

Full Name: _____

Address: _____

Home Phone: _____ Mobile: _____

Email: _____

I hereby apply to become a member of **Kanjini Co-Op Limited**. I have read and understood the Disclosure Statement and have read and agree with the Co-Op Rules.

I herewith consent to become a director of Kanjini Co-Op under rule 44.(5).**

I am applying for one: Full Share / Introductory Share *

I am also applying for _____ investment shares of \$500 each. **

Please indicate whether you will pay for this share in full: Yes / No *

If 'No', what deposit amount do you intend to pay? (min 20%): \$ _____

The remainder will be paid in _____ monthly / yearly * installments of \$ _____ each, but no later than _____ (*insert date*). I am aware that interest will be charged on the remainder.

My application fee of \$150 has been: deposited into the account electronically / deposited directly at any Commonwealth Bank branch / paid by enclosed check (made out to Kanjini Co-Op) *.

I understand that my application fee and share capital are due with this application.

Account Details: Account name: Kanjini Co-Op; Bank: Cairns Penny Bank; BSB No.: 704966; Account No.: 100011038

The annual membership fee of \$1000 is payable within one month of membership acceptance. This can be paid in a lump sum or by periodic payment of \$90 per calendar month.

I will pay the annual levy as follows: yearly / monthly *

Please advise by email of any payment you made. Receipt of your application form and application fee will be acknowledged by email or post.

Signed: _____ Date: ____/____/____

<i>Office Use Only</i>	
Membership No: _____	Added to Data Base: ____/____/____

* **cross out whatever is not applicable**

** **cross out if not applicable**

Please return this form by email and also by post to the address at the top, thanks.