



**REGISTRATION LIFE TIME MEMBERSHIP SHARE APPLICATION
NON REFUNDABLE NON TRANSFERABLE**

Your name or Company name		Your age /Date of Inc
Name/s of Co-Applicants		
Email address:		
Mailing Address		
		Home Phone:
		Cell phone:
What ages are your children		

MEMBERSHIP SHARE FEE IS \$200.00. PAYMENT OPTIONS

OPTION 1	OPTION 2	OPTION 3
DIRECT DEPOSIT IN BANK ACCOUNT	CREDIT CARD	INTERACT EMAIL TRANSFER
Direct Deposit to Elevations Co-operative Inc account at any TD bank branch. Account number:11755253464 Scan and email deposit receipt to info@elsci.ca	Pay with Credit Card- (Visa or MasterCard)	Account name is Elevations Email is info@elsci.ca
	Name on Credit Card	
	Credit Card Number:	
	Expiry Date:	
	Amount authorized to debit:	

I agree to abide by the bylaws of Elevations Co-operative Inc

Signature of applicant/Company official	Date
Signature of co-applicant/s, (for joint unincorporated group)	Date