APPLICATION TO JOIN

NANAIMO POTTERY CO-OPERATIVE

I, ……..(Print) Date……..
Last name First name (dd/mm/yy)

……..
Street, Appt, Avenue

……..
City Postal Code

…….. ……..
Phone email address

Wish to apply for membership.

Should my membership be accepted, I agree to abide by the rules and conditions, as they apply to members, of the Nanaimo Pottery Co-operative which I have reviewed.

My non-refundable share fee and current annual dues will be submitted upon notification of the acceptance of this application.

Approved Y / N

Denied Y / N
Reason for denial

…….. Date ……..
President (dd/mm/yy)

…….. Date ……..
Director (dd/mm/yy)

02/04