



# Slocan Integral Forestry Cooperative

Form AFM-01-07

## APPLICATION FOR MEMBERSHIP

All members must have a principal place of residence or be a registered owner of land, between Lebhado Rd. to the south, and the southern boundary of the Village of Silverton to the north, and east of the Slocan River or Slocan Lake, in the Slocan Valley, for a minimum of six months prior to the date of their application for membership in SIFCo.

All members must be 19 years of age or older.

All members must purchase one \$30.00 membership share. Payment in full will be expected upon acceptance of applicant.

All members must be in agreement with the basic tenets of SIFCo as outlined in SIFCo's Membership Agreement.

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Name: \_\_\_\_\_  
(please print all responses)

Date of Birth: \_\_\_\_\_  
(year, month, day)

Physical Address: \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) \_\_\_\_\_ (postal code)

Mailing Address: \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) \_\_\_\_\_ (postal code)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applying as: (choose 1 of the following 3 options)

a) a resident, based on the above physical address: \_\_\_\_\_

b) a resident owner \_\_\_\_\_, based on the above physical address \_\_\_\_\_,  
or property description: \_\_\_\_\_

c) a non-resident owner: \_\_\_\_\_ based on property description: \_\_\_\_\_

Date of application: \_\_\_\_\_  
(year, month, day)

*For Office Use Only*

*Date of Acceptance:* \_\_\_\_\_

*Date of Payment:* \_\_\_\_\_

Signature: \_\_\_\_\_

*Accepting Director:* \_\_\_\_\_