

# Fort Cow Calf Co-op Association

## Application for Membership

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Birthdate: \_\_\_\_\_  
                    Day    Month    Year

Social Insurance Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Amount of Credit Required: \_\_\_\_\_

Number of Bred Heifers/Cows to be purchased: \_\_\_\_\_

Number of cattle owned at present: \_\_\_\_\_

Do you have sufficient feed on hand for these cattle: \_\_\_\_\_

What is your personal registered brand: \_\_\_\_\_ Location: \_\_\_\_\_

Number of cattle financed with another lender: \_\_\_\_\_

Member of Feeder Association: Yes \_\_\_\_\_ No \_\_\_\_\_ Where? \_\_\_\_\_

Bank(s)	Address of Bank & Phone/FAX	Account #
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing below, I hereby authorize any financial institution or other organization to disclose financial information regarding me, including a credit bureau report, with the exception only of information expressly designated as confidential to the Co-op or to any financial institution inquiring on behalf of the Co-op.

Dated: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Land Owned \_\_\_\_\_ Leased \_\_\_\_\_ Rented \_\_\_\_\_

Monthly Payment or Rent Amount: \$ \_\_\_\_\_

Landlord or Mortgage Holder Name: \_\_\_\_\_

Legal Description of Home Quarter: \_\_\_\_\_

Other land owned: \_\_\_\_\_

Land Leased: \_\_\_\_\_

Lived there: Years \_\_\_\_\_ Months \_\_\_\_\_

Directions to nearest town: \_\_\_\_\_

\_\_\_\_\_

Employed by: Self \_\_\_\_\_ Other \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Length of Employment \_\_\_\_\_

Address of Employer \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

GST Registrant: Yes \_\_\_\_\_ No \_\_\_\_\_

Name and Address of Relative: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_

Spouses Given Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day Month Year

Spouses Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Report: \_\_\_\_\_

Board of Directors: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_