

You're at home here.

It's Easy to Join!

To become a member of the Evergreen Co-op, complete the application below and bring it, with your \$5.00 payment, to any of the Co-op locations.

First Name:	Initial:	Last Name:	
Address:			
City:		Postal Code:	
Phone:		Birthdate:	
Social Insurance Number:			
I hereby apply to purchase five shares value of \$1.00 each in the Capital Storassociation and agree: To abide by the of the Association and that the Association and equity which I may	ck of the he by-laws lation shall	Signature	

time in the Association.

Lifetime Membership Benefits!