MEMBERSHIP APPLICATION FORM

NAME: _____ TELEPHONE NO.:_____

MAILING
ADDRESS:_____

PRESENT
OCCUPATION:_____

WOODLOTS:

LOCATION	PROPERTY I.D. #	HECTARES

I, in my application for membership in S.N.B., agree with and subscribe to S.N.B.'s Vision Statement of "Woodlot owners managing individually and collectively to provide the maximum sustainable, ecological, economic, employment, social and cultural opportunities for the benefit of themselves and future generations"; and will support the Membership, the S.N.B. Organization and its by-laws.

DATE: _____ SIGNATURE: _____

THE COST TO PURCHASE ONE SHARE IN THE CO-OP IS $5.00
PLEASE MAKE CHEQUE OR MONEY ORDER PAYABLE TO:
S.N.B. WOOD CO-OPERATIVE LTD.

Upon approval by Board of Directors, Share Certificate will be forwarded to you by mail.

(Revised Nov. 12/02)