



## APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BIRTHDATE (day/month/year) \_\_\_\_\_

PARENTS' CO-OP MEMBERSHIP NO. (optional) \_\_\_\_\_

Bring this completed form to any  
cashier or customer service clerk.  
You will receive your special  
membership card in the mail.



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