



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.

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: _____