## **Shareholder Application**

1	of	
Name (printed)		
Address	City / Town	Postal Code
Primary Phone:	Secondary Phone:	
Email:		
wish to apply for one (one) share in the <b>WESTERNER</b> dollars. My principal place of residence is located in the to have my principal place in the Province of Alberta, I w my payment in the amount of ten (\$10.00) dollars. (Che <b>ASSOCIATION</b> .)	Province of Alberta. I hereby agree vill surrender my share to the Assoc	e that, in the event that I cease ciation. Please find enclosed
Signature:	Date of Application:	
RECOMMENDATION		
The following information must be completed by the pe application is processed:	rson recommending you as a share	eholder before your
Name (printed):	Signature:	
Offi	ice Use Only	
PAYMENT: \$10.00  ☐ Cash ☐ Cheque ☐ Credit card	Receipt #	
Date Approved by Board:	Share Certificate #	
Date Confirmation Sent:	Date Entered Into Database	:



