



CG Client # : _____

MEMBERSHIP APPLICATION FORM

A lifetime membership at Doolittle's Co-op costs \$25.00. This amount is comprised of a \$10.00 reimbursable social share, other non-reimbursable fees of \$13.05 and \$1.95 in taxes.

BISHOP'S UNIVERSITY

- STUDENT
- FACULTY
- STAFF

CHAMPLAIN COLLEGE – LENNOXVILLE

- STUDENT
- FACULTY
- STAFF

Student/Staff ID number : _____

Program / department _____

Address _____

E-mail #1 _____ @ _____

E-mail #2 _____ @ _____

Phone : _____

By signing this document, I express interest in becoming a member of Bishop's University Co-operative, I pledge to respect its by-laws and regulations (available in store or at <https://www.ubishops.ca/doolittles-co-op/>)

I agree to receive promotional communications

I agree to request the repayment of my social share (\$10.00) in the year following my resignation as a member. Otherwise, it will be deemed to have been donated to the co-operative.

Name (Printed) :

Signature:

Date: _____