

**Dear Member:**

A member is considered moved away when the member leaves the trading area and can no longer make use of the Co-operative's services. We require government issued identification that contains your new address (IE: Driver's License).

Please mail your documentation to:

Sherwood Co-operative Association Limited  
Box 5044  
Regina, SK S4P 3X5

or fax to: (306) 791-0060

If you have any questions, please call our office at (306) 791-9300 or email [equity@sherwood.crs](mailto:equity@sherwood.crs)

**Form Checklist:**

- \_\_\_\_\_ Did you include your member number and the name the membership is in?
- \_\_\_\_\_ Is your new address filled in, complete with postal code?
- \_\_\_\_\_ Did you include your new phone number?
- \_\_\_\_\_ Did you sign the application? It must be signed by the person who owns the share.
- \_\_\_\_\_ Did you include a copy of your driver's license showing your new address?

Please allow 6 – 8 weeks for processing.

Sherwood Co-op is committed to protecting your privacy. Your personal information will be treated with the utmost discretion, and will be used only when necessary in the day-to-day operations of our business, or when required by law.
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May 2016

APPLICATION FOR WITHDRAWAL OF EQUITY  
SHERWOOD CO-OPERATIVE ASSOCIATION LIMITED  
**MOVED OUTSIDE TRADING AREA**

MEMBER # \_\_\_\_\_

DATE: \_\_\_\_\_

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

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

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

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

PHONE NUMBER: \_\_\_\_\_

I have moved permanently outside the trading area and can no longer make use of the Co-operatives services.

I request payment in full, and by so doing, am aware that I am not eligible for any patronage refunds that may be allocated after payment is made.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_

ADMINISTRATION USE ONLY		
Amount of equity		Employee Signature: _____