



APPLICATION FOR MEMBERSHIP

Date: _____

Name of Cooperative: _____

Address: _____

_____ Post Code: _____

Telephone Number: _____ Mob. Number: _____

E-mail Address: _____

Name of Cooperative Representative: _____

Position within the Cooperative: _____

Number of Coop Members at date of application: _____

Economic Activity of the Co-operative:

Objectives of the Cooperative: (Give a brief description of the objectives):

Declaration:

I hereby declare that the cooperative members have read and understood the statute of Koperattivi Malta. The Cooperative which I represent binds itself to observe the statute of Koperattivi Malta including decisions taken by the Council and directives issued at the Annual General Meeting as stipulated in the statute.

Documents to be submitted:

1. The Cooperative Statute
2. The Cooperative Business Plan
3. Registration with the Co-operative Board

Name of Co-operative Representative

Signature of Co-operative Representative