



# MEMBERSHIP FORM

**ENERGY INNOVATION CO-OP** ABN 18 807 154

Name:

Street:

Town:

Postcode:

Phone:

Mobile:

Email:

**New membership** (also complete **Application for New Share** on next page)

Fee = \$1 for a share + \$15 member for 12 months = \$16

**Renewal membership for one or two years** - tick one or both below

One year = \$15

Two years = \$30

**Yes, I would like to become a volunteer for the EICo-op**

My skills and resources available are:

## Payment Options

Direct deposit to Bendigo Bank

Name: **Energy Innovation Co-op**

BSB: **633 000** A/C: **137 757 159**

Label with surname + postcode eg. Smith3996

Cheque to **Energy Innovation Co-op**

Post: Energy Innovation Co-op

C/O Susan Davies

PO Box 441 Korumburra VIC 3950

## Submission Options

By email = *Membership Renewals ONLY*

Click on button below and follow prompts

By post: *New Share + Membership Renewals*

Energy Innovation Co-op

C/O Susan Davies

PO Box 441 Korumburra VIC 3950

## **APPLICATION FOR NEW SHARE (new members only)**



Name of Co-operative: **ENERGY INNOVATION CO-OP Ltd**  
ABN: 18 807 187 154

I \_\_\_\_\_ (full Name of applicant) hereby apply to be allotted 1 initial share in the above named Co-operative.

And in respect of such application I undertake to pay the sum of \$16 which is made up as follows:

- \* \$1 x 1 initial (voting) share
- plus \$15 annual membership fee

Please tick all relevant boxes:

I am over the age of 18 years

I am under the age of 18 years having been born on

I am a new member of the Energy Innovation Co-Operative

*(please also complete Membership Form on the previous page)*

I \_\_\_\_\_ (full name) agree that if this application is approved and the shares as aforesaid are allotted to me I will pay the above share capital amount \* in accordance with section 76 of the Co-operatives Act 1996 and I agree to be bound by the rules of the Co-operative and by any alterations thereof.registered in accordance with the **Co-operatives Act 1996**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Witness (print): \_\_\_\_\_