

Co-op Membership Referral and Recommendation Form

Instructions: Please fill out this form on your screen, print the completed document, and submit it to the Co-op administration desk.

1. Referrer Information (Existing Member)

Full Name:

Co-op Member ID:

Phone Number:

Email Address:

2. Nominee Information (Prospective Member)

Full Name:

Phone Number:

Email Address:

Relationship to Referrer:

3. Recommendation Statement

Briefly describe why you recommend this candidate for Co-op membership and how they will contribute to our community:

Line 1:

Line 2:

Line 3:

4. Signatures (For Printed Submission)

By signing below, the referrer confirms they support this application for Co-op membership.

Referrer Signature (Sign after printing):

Date (DD/MM/YYYY):