

# ADULT CHILD OF A MEMBER AGREEMENT



Name of adult child: .....Contact number: .....

Email: .....

Adult child of..... Site: .....

Name of Witness: ..... Site: .....

1. As a member of Goolawah, I agree to be responsible for my adult child at all times, including being financially responsible for any levies/costs incurred by him/her.
2. As an adult child of a member, I agree to be bound by Goolawah's Rules, By-Laws, Code of Conduct, and decisions and any alterations thereof.
3. As a adult child, I understand the Co-op reserves the right to review my status at any time.

Signature of Adult Child: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

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