## APPLICATION TO BE RATIFIED AS A MEMBER OF GOOLAWAH CO-OPERATIVE LIMITED A Non-Distributing Co-operative

Registered under The Co-Operatives National Law 2014 (NSW)



Surname of Applicant:		ant:	Surname of Joint Member:	
Other Names:			Other Names:	
Po	ostal address to v	which notices are to be sent:		
Phone Number(s):				
E-mail:				
1.	1. I/we hereby apply to be admitted as a member of the above-mentioned Co-operative and be allocated one (1) share therein; and in respect of such application.			
	<ol><li>I/we understand the financial involvement in being a member and agree to pay levies and charges.</li></ol>			
	we have lodged with the Co-operative, in accordance with the rules and invoice issued to s by the treasurer:			
	\$	Share capital (\$7,000 per	share)	
	\$		at is the sum of all annual levies since ayable for single or joint membership)	
_	\$	Other levies/charges (e.g. outstanding levies fro levy)	m previous member if applicable, road	
	\$	Total Sum Lodged (Note: t ratified as a member)	his sum will be refunded should you not be	

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- 4. I/we understand that Goolawah is a non-distributing co-operative, therefore a share cannot be transferred for more than the par value of the share (\$7,000) and the co-operative cannot re-distribute funds to its shareholders in excess of the par value of the shares they hold.
- 5. I/we understand the Co-operative's rules and by-laws are available at <a href="www.goolawah.org">www.goolawah.org</a> or through our secretary, and annual reports are available through the treasurer. I/we agree to be bound by Goolawah's code of conduct, rules and by-laws. I/we agree to be bound by any alterations thereof registered in accordance with above mentioned Law.
- 6. I/we understand and agree to meet our obligations under NSW SEPP15 regulations for rural land sharing communities and Kempsey Council's development consent conditions for Goolawah Co-operative. Obligations include obtaining Council approval for any site development and Goolawah Co-operative being your principal place of residence.

development and Goolawa	h Co-operative being your principal place of residence.			
I/we commit to Goolawah Co-operative being my/our principal place of				
residence and obta	aining Council approval to live here by//20			
i am/we are, over the age of e	ighteen years having been born on			
the day of	(Applicant)			
and theday of	(Joint Member).			
Signature of Applicant:				
Signature of Joint Member:				
Signature of Witness:				
Name of Witness:				
Signed on the	day of			
I agree my contact details be	shared with members and prospective members: Yes   No			
I wish to receive Goolawah Co-operative's Quarterly Newsletter: By email ☐Printed copy ☐				
I wish to receive texts from Goolawah Co-operative's SMS system $\square$ and be notified by email				
of Goolawah Website posts for members $\square$ (you can unsubscribe from these services at any time)				
I agree to have my Emergency Contact details recorded with the Secretary Yes ☐ No ☐				
To be completed by the Secretary after the Ratification meeting				
Date Ratified as Member(s)	Checked decision minuted:			
This form and ID form filed in M	lembership files: 🔲			
Newsletter/SMS/Website preferences forwarded to relevant person:				

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Contact permissions noted:

Details entered in Co-operative Register: