



# ANTIGUA & BARBUDA CO-OPERATIVE LEAGUE LIMITED

Affiliated to C.C.C.U. and W.O.C.C.U.

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## APPLICATION FOR MEMBERSHIP

Date of application \_\_\_\_\_

Name of Co-operative \_\_\_\_\_

\_\_\_\_\_ Type of Co-operative \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Registration \_\_\_\_\_ \*Registration No. \_\_\_\_\_

We hereby make application for membership to the **ANTIGUA AND BARBUDA CO-OPERATIVE LEAGUE LIMITED** and agree to conform to its By-Laws and Regulations. We understand that we must pay an entrance fee of \$500.00 and purchase at least 5 shares at \$100.00 each.

**President** \_\_\_\_\_ **Secretary** \_\_\_\_\_

Print Name \_\_\_\_\_

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*Official use only*

This application was approved at a meeting of the Board of Directors of the **ANTIGUA AND BARBUDA CO-OPERATIVE LEAGUE LIMITED** held on \_\_\_\_\_

\_\_\_\_\_.

**President** \_\_\_\_\_ **Secretary** \_\_\_\_\_

*\*Please enclose a copy of registration certificate*