



## Expression of interest in membership of Sun Villages Co-operative Limited

Applicant:	
If personal - applicant/s name/s <sup>1</sup> :	
If organisation - organisation name and ABN (if applicable):	
Name & position of authorised representative:	
Postal address:	
Phone:	
Email:	

I/We consent to the use of the above email address as the address for service of notices about the co-operative

Tell us how you know about Sun Villages Co-operative

What is your main interest in membership with us?

Do you have experience of co-operatives and cooperative principles and values?

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

<sup>1</sup>If the applicant is an organisation, the signatory must be authorised to sign on behalf of the organisation.