



COOP SANTÉ
A Y L M E R
HEALTH COOP

67 du Couvent St., Gatineau (Qc), J9H 6A2

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Web site : http://coopsa.org

Share Transfer and Refund Application

Your file number at the Clinic: _____

Your Membership Card number: _____

Identification of the User Member

Surname: _____ Given name: _____

Address: _____

Transfer Request

I hereby request that my five (5) shares be transferred to:

_____, _____ (family relationship)

Authorized signature

date

Reason: Member deceased Other: _____

Refund Request

I hereby request the full refund of my five (5) shares (\$50.00 in total).

Reason: Moved Other: _____ Member deceased

Please make the cheque out to my name
And

or the following name _____

In the case of a deceased member only

I would like this refund to be directed to the Fondation des Services de Santé d'Aylmer (FSSA) and to receive a tax refund for this donation.

Authorized signature

Date

For office use only

Date accepted by BOD: _____

New member number: _____

(A membership application form must be completed and signed by the new member.)