



67, rue du Couvent
Gatineau, Quebec
J9H 6A2

Web Site: <http://coopsa.org>

Coop Phone Number:

819-684-7574

Office Hours: 8:00 am- 4:00 pm

2010 NOTICE OF ANNUAL FEE

THE AYLMER HEALTH COOP: OUR SOURCE OF NEIGHBOURHOOD HEALTH CARE.

THE COOP MUST SURVIVE AND PROSPER.

OUR INDIVIDUAL CONTRIBUTIONS WILL ENSURE ITS SURVIVAL.

The Aylmer Health Coop's Board of Directors has set the 2010 annual fee at \$100 per member.

The family annual fee, however, has been set as follows : first adult \$100, spouse \$50, children aged 18 to 25 inclusively and still at school \$25. All children under the age of 18 on December 31, 2009 do not have to pay an annual fee. Taxes (GST and PST) are payable. Mail payment options are as follows: cheque or postal money order made out to the Aylmer Health Coop or credit card. Annual fees can be paid in cash or by debit card at the **Coop Office (located in the Coop basement). Return envelopes can be deposited in a designated box when the Coop Office is closed.**

Annual fees must be paid **before the end of February 2010** in order to maintain membership privileges. Late payments may be subject to an administrative fee. A fee of \$25 will be charged for cheques that are refused by your bank. If you are unable to pay the full annual fee before the end of February 2010, please make arrangements with Accounting Services (located in the Coop basement).

Get the answer to all your questions on the annual fee on our Web site: <http://coopsa.org>

1234567890 Given name, name 1234567 Coop Street Gatineau, Quebec J9H 6A2 Home: 819-684-xxxx Work: 819-684-xxxx name@videotron.ca	Corrections to your contact information. In the case of corrections to the information about other family members, please attach their amended annual fee notice. Enter your email address if you agree to be contacted by email. E-mail _____@_____
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	NAME	Member No.	Fee	GST	PST	AMOUNT	Amount payable
Member	(as indicated on the label above)		\$100.00	\$5.00	\$7.88	\$112.88	\$112.88
Spouse	Spouse full name	1234567	\$50.00	\$2.50	\$3.94	\$56.44	\$56.44
Student 1			\$25.00	\$1.25	\$1.72	\$28.22	
Student	Write here your spouse's name and membership number. Attach the spouse's fee notice with the corrections.		\$25.00	\$1.25	\$1.72	\$28.22	
						Write the amount to be payed	
N.B. - Write down the name of your spouse and children only if they are Coop members. Don't forget to write down each one's membership number. Also write down the name and membership number of children under the age of 18. (See examples on our Web site.)						Grand total payable	169,32

Payment forwarded by mail (please affix postage on the return envelope) or deposited at the Coop:

Cheque - Postal order OR

Credit card: Master Card - Visa - Credit card number _____

Name on the credit card: _____ Expiration (month/year) ____/____/____

Signature: _____

Office use only

For payment by mail or if you leave your envelope in the box for this purpose in the basement.

For payment at the counter in the basement

Payment in cash

Payment by debit card