

Rocky View Water Co-op Ltd.  
 25145 Burma Road  
 Calgary, Alberta T3R 1B8



info@rvwater.ca

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 Fax: (403) 241-3897  
 www.rvwater.ca

## MEMBERSHIP APPLICATION

**Applicant:** \_\_\_\_\_ Member #: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work : \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email my bill:  YES – please initial: \_\_\_\_\_  
 (A \$2.00 per billing cycle fee applies for paper billing. To avoid this, opt in for email billing by initialing the above)

**Co-Applicant:** \_\_\_\_\_  Same Address as Applicant

Mailing Address \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work : \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

### LAND DESCRIPTION – PROPERTY LOCATION

Lot(s): \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ LLD \_\_\_\_\_ Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_ West: \_\_\_\_\_

Civic Address: \_\_\_\_\_  Same as Mailing Address

#### LAND USE

Agricultural  Residential  Commercial

#### OTHER INFORMATION REQUIRED

Land Title Certificate  Membership Transfer

*I/We, the undersigned Applicant(s), own an interest in the Land(s) described above and I/we agree that, to become a Member of Rocky View Water Co-op Ltd., I/we will be required to subscribe for and purchase shares in the Co-op as follows:*

|   |          |
|---|----------|
| 1 Class A Voting Share @ \$10 – New Membership                      | \$ _____ |
| Membership Transfer Fee @ \$300                                     | \$ _____ |
| _____ Class B Non-Voting Shares representing _____ Capacity Unit(s) | \$ _____ |
| Engineering Deposit   | \$ _____ |
| Security Deposit  | \$ _____ |

#### Amount Payable to Rocky View Water Co-op Ltd.

\$ \_\_\_\_\_

*I/We do not make this application as agent(s) for any other person(s) or entity(ies) and I/we agree to abide by RVWC Bylaws, Terms and Conditions of Service, and any Water Service Agreement that may be required hereunder, and understand that I/we are entitled to water supplied in accordance with the authorized flow and pressure restrictions if accepted as a Member of the Co-op.*

**Signature of Applicant(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 \_\_\_\_\_ **Date:** \_\_\_\_\_

Board Approval (Date): \_\_\_\_\_