



MEMBERSHIP APPLICATION

INCORPORATED NAME OF BUSINESS _____

OPERATING OR TRADE NAME _____

Street _____ City _____ Prov. _____

Postal Code _____ PHONE () _____ FAX () _____

Email address _____

Fiscal Year Ending _____

Officers:

- 1. _____ TITLE _____
2. _____ TITLE _____
3. _____ TITLE _____

BANK _____ CONTACT _____

Street _____ City _____ Prov. _____

Telephone () _____ Postal Code _____

Name of authorized person who will be attending the meetings.

Must be able to make binding decisions for the company _____

TITLE _____

INDIVIDUAL INFO: Please give FIRST given name, initials of SECOND name and FAMILY NAME:

FIRST (GIVEN) NAME: _____ MIDDLE INITIALS _____



Home address: _____

Phone () _____

City & Province _____

Postal Code _____

Spouse's First Name _____

Please read carefully before signing:

We consent to execute a Security Interest Agreement to secure the payment of money and performance of our obligation as stated in the Constitution and By-Laws of FOTO SOURCE CANADA INC. We also consent to an investigation of our company, (all information will be kept strictly confidential) including credit checks, and give herewith authorization to all suppliers and firms participating with FOTO SOURCE CANADA INC. in agreements related to grouped volume purchases, volume rebates, co-op advertising funds and other considerations, that FOTO SOURCE CANADA INC. shall receive all informations pertinent to afore mentioned.

Signed this _____ day of _____ 20____, I

n the city of _____

Province of _____.

Corporate Seal or
Witness

Authorized Signature

NOTE: Please provide a couple of photos of the interior and exterior of your store.

Thank you.