



**- BISON FEEDER OPTION -**

**REQUEST TO:** The Board of Directors of \_\_\_\_\_  
(Association Name)

I hereby apply for (please check):

(a) Membership in your Association for the \_\_\_ Bison Feeder Option  
and agree to be bound to and abide by the bylaws of the Association. The sum of \$\_\_\_\_\_ is  
herewith paid for membership fees and the purchase of shares.

\_\_\_\_\_ I am a member of the existing Association.

\_\_\_\_\_ I am not a member of another Association.

\_\_\_\_\_ I am a member of another Association.

\_\_\_\_\_ Breeder Option \_\_\_\_\_ Feeder Option \_\_\_\_\_  
(Name of Association)

(b) \_\_\_\_\_ Increased maximum feeder loan to \$\_\_\_\_\_ effective \_\_\_\_\_, 20\_\_\_\_

I authorize the Association's lender to obtain such credit reports it may require, consent to the lender providing such credit information pertaining to my Association account to third parties, and agree to provide the lender with references it requests. I am not an undischarged bankrupt, in litigation with any creditor or, before the Farm Debt Mediation Service or the Farm Land Security Board, or have any unsatisfied judgements against me.

\_\_\_\_\_ (Print Name in Full(First, Middle, Last)) \_\_\_\_\_ (Address)

\_\_\_\_\_ (Postal Code) \_\_\_\_\_ (Phone Number) \_\_\_\_\_ (9-Digit Sask. Health No.) \_\_\_\_\_ (Date of Birth)

\_\_\_\_\_ (Applicant's Primary Lending Institution(s))

Signature: \_\_\_\_\_, 20\_\_\_\_  
(Applicant's Name) (Date)

**BOARD OF DIRECTOR'S APPROVAL:**

Signature \_\_\_\_\_ Position \_\_\_\_\_, 20\_\_\_\_  
(Board Member's Signature) (Date)

**LENDER APPROVAL:**

Approved by the \_\_\_\_\_ of \_\_\_\_\_, Saskatchewan  
(Lending Institution) (Location)

Contact Person (Please Print) \_\_\_\_\_ Title \_\_\_\_\_

Lender's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PROVINCIAL SUPERVISOR'S APPROVAL/CONFIRMATION:**

Signature \_\_\_\_\_ SHN \_\_\_\_\_, 20\_\_\_\_  
(Initial) (Date)