

Credit Union Name: _____

Bond of Association Statement *(If space is insufficient, additional sheets should be attached):*

Restrictions or Prohibitions *(If space is insufficient, additional sheets should be attached):*

Check here if additional sheets are attached.

CERTIFICATION

Each of the undersigned incorporators certifies that he/she meets the qualifications under Section 20 of the Alberta Credit Union Act and that the information provided in support of these Articles of Incorporation is, to the best of our knowledge and belief true and complete in every respect. A person who certifies (pursuant to Section 20 of the Alberta Credit Union Act) that he/she is qualified to be an incorporator when he/she is not may be guilty of an offence under this Act.

INCORPORATORS

Full Name (please type or print)	Residential Address	Signature
1	-----	
2	-----	
3	-----	
4	-----	
5	-----	

CERTIFICATION- cont'd

Each of the undersigned incorporators certifies that he/she meets the qualifications under Section 20 of the Alberta Credit Union Act and that the information provided in support of these Articles of Incorporation is, to the best of our knowledge and belief true and complete in every respect. A person who certifies (pursuant to Section 20 of the Alberta Credit Union Act) that he/she is qualified to be an incorporator when he/she is not may be guilty of an offence under this Act.

INCORPORATORS

Full Name (please type or print)	Residential Address	Signature
6	-----	
7	-----	
8	-----	
9	-----	
10	-----	
11	-----	
12	-----	
13	-----	
14	-----	
15	-----	
16	-----	
17	-----	
18	-----	
19	-----	

CERTIFICATION- cont'd

Each of the undersigned incorporators certifies that he/she meets the qualifications under Section 20 of the Alberta Credit Union Act and that the information provided in support of these Articles of Incorporation is, to the best of our knowledge and belief true and complete in every respect. A person who certifies (pursuant to Section 20 of the Alberta Credit Union Act) that he/she is qualified to be an incorporator when he/she is not may be guilty of an offence under this Act.

INCORPORATORS

Full Name (please type or print)	Residential Address	Signature
20	.	

AFFIDAVIT

I do solemnly declare that I have verified the signatures of all persons subscribing the articles of incorporation and by-laws, and make this solemn declaration conscientiously believing it to be true and complete, knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act and the Alberta Evidence Act.

SWORN BEFORE ME AT _____, IN THE PROVINCE OF ALBERTA,

THIS _____ DAY OF _____, A.D. _____.

(Signature)

(Position Held)

A Commissioner for Oaths in and for the Province of Alberta