



Special section for Associate members

To be filled out by principal shareholding members and applicants for Associate membership.
Note: a third party is required to witness each signature

Principal Member

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|--|--------------------------|-----------------|
| Name of applicant for associate membership | Name of principal member | Modo member no. |
|--|--------------------------|-----------------|

I agree that if the applicant is accepted as an Associate member, any debts due and owing to Modo from the applicant will form a lien against my shares. Modo can place liens against my shares for debts due and owing from the applicant so long as the debts relate to use of Modo Vehicles that occurs prior to:

- Modo being notified in writing that the applicant and I are no longer residing together;
- The applicant terminating his or her membership;
- The applicant becoming a full, principal member.

| | |
|-------------------------------|------|
| Signature of principal member | Date |
|-------------------------------|------|

| | |
|-----------------------------|----------------------|
| Name of third party witness | Signature of witness |
| Address of witness | |
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| | |

Associate Member

I agree if I am accepted as an Associate member, any debts due and owing to Modo from my principal member partner will form a lien against my shares. Modo can place liens against my shares for debts due and owing from my principal member partner so long as the debts relate to use of a Modo Vehicle prior to:

- Modo being notified in writing that my principal member partner and I are no longer residing together;
- Me becoming a full, principal member.

I recognize that if my principal member partner's membership is terminated or his or her carsharing privileges are suspended, my carsharing privileges will be suspended until such time as I become a full, principal member or the carsharing privileges are re-instated. I recognize that if I stop residing with my principal member partner my carsharing privileges will be suspended until such time as I become a full, principal member.

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|-------------------------------|------|
| Signature of associate member | Date |
|-------------------------------|------|

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|-----------------------------|----------------------|
| Name of third party witness | Signature of witness |
| Address of witness | |
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Please scan and e-mail to info@modo.coop