



APPLICATION FOR MEMBERSHIP

1. PERSONAL INFORMATION _____

Member Applicant:

Associate Member Applicant:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone: (bus) _____

Telephone: (bus) _____

(res) _____

(res) _____

List all other household members:

Name	Relationship to Applicant	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reasons for leaving current housing:

Additional Information:

Vehicles		Pets		
Type	Licence Plate #	Name	Breed	Weight
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Please use the space below to briefly state why you would like to join a co-op and to provide additional information about your household if you wish.

2. REFERENCES

Name	Address	Phone
Current Landlord		
Previous Landlord		
Housing Co-op		
Work Supervisors 1.		
2.		

Community/School/Union/Church/Professional Organizations:

- 1.
- 2.

3. VOLUNTEER EXPERIENCE

First Name	Organization	Type of Work/Job/Position	Dates

PLEASE CHECK THE WORK YOU WOULD LIKE TO DO WITH THE CO-OP:

- Property
- Finance
- Board of Directors
- Membership
- Landscape
- Newsletter

Additional interests or details:

List the approximate number of volunteer hours each adult is able to contribute to the Co-op per week: _____ hours.
Check the time that you are most likely to have available:

- Weekday evenings
- Weekdays
- Weekends

4. FINANCIAL INFORMATION

If there are household members earning income, please list information of the back of this page. If you aware of any credit problems which may affect your reference, please also provide any information that may help the Co-op to get an accurate picture of tyour credit history.

Member:

Social Insurance Number: _____
 Date of Birth: _____
 Occupation: _____
 Employer: _____
 Address: _____

 Contact: _____
 Telephone: _____
 Gross Annual Income from Current Employment

Associate Member:

Social Insurance Number: _____
 Date of Birth: _____
 Occupation: _____
 Employer: _____
 Address: _____

 Contact: _____
 Telephone: _____
 Gross Annual Income from Current Employment

If less than one year at current employer:

Previous Employer: _____
 Address: _____

 Contact: _____
 Telephone: _____
 Length of Service: _____

Previous Employer: _____
 Address: _____

 Contact: _____
 Telephone: _____
 Length of Service: _____

Gross Annual Income from Other Sources(s):
 \$ _____

Gross Annual Income from Other Sources(s):
 \$ _____

Total Gross Annual Family Income from All Sources: \$ _____

I CONFIRM THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE, AND I HEREBY AUTHORIZE THE CO-OP TO OBTAIN SUCH CREDIT REPORTS, REFERENCE AND LANDLORD CHECKS AS MAY BE DEEMED NECESSARY IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF A SOCIETY MEMBERSHIP ACCOUNT. THIS CONSENT IS GIVEN PURSUANT TO SECTION 12 OF THE PERSONAL INFORMATION REPORTING ACT OF B.C. (1973).

 DATE

 MEMBER SIGNATURE

 DATE

 MEMBER SIGNATURE

FOR OFFICE USE ONLY: APPLICATION RECEIVED _____ (date)
 INTERVIEWED _____
 ACCEPTED REJECTED
 NOTIFICATION SENT _____