



Co-operative Housing Federation of Canada

Membership application for housing co-ops

Thank you for applying for membership in the Co-operative Housing Federation of Canada. To join CHF Canada, your housing co-op must be a non-profit co-operative corporation. If your co-op was financed after May 1989, you may have to meet other financial requirements. Please contact CHF Canada for more information.

Full legal name of co-op: _____

Civic address: _____

Management address (if applicable): _____

City: _____ Province: _____ Postal code: _____

Location of co-op (if different from above): _____

Please attach a separate list for multiple locations and include the unit addresses for each location.

Phone: (_____) _____ Fax: (_____) _____

TDD*: (_____) _____ Web site: _____

E-mail address: _____

Contact person (co-op): _____

Position: _____ Phone: (_____) _____

Contact person (management): _____

Position: _____ Phone: (_____) _____

Local federation name: _____

Is your co-op a member of the local federation? Yes No

Is your co-op occupied? Yes Date occupancy began: _____

No Date occupancy expected: _____

Total number of units in co-op: _____ Fiscal year-end: _____ day _____ month

* telecommunications device for the deaf

- Your co-op:
- built new buildings
 - bought and renovated existing housing
 - bought a non-residential building and turned it into housing
 - is a mix of new and renovated buildings

The following group, resource group or person helped to develop your co-op: _____

Your co-op was developed:

- under a federal government program
- under a provincial government program
- under several programs
- outside any government programs

Name of program(s) and number of units financed under each (if known): _____

Your co-op has units for:

- senior citizens only (units: _____)
- people with physical disabilities (units: _____)
- students only (units: _____)
- other people with special needs* (units: _____)

*special needs groups include: _____

CHF Canada serves its members in both official languages. Please tell us in what language(s) you want to receive letters and information from CHF Canada: English French Both

If your co-op has never been a member of CHF Canada, please enclose a copy of your approved incorporation documents. Your application cannot be considered without these documents.

We hereby apply for membership. We understand that we need not pay dues at this time. CHF Canada will invoice us once we are members.

Signature

Date

Position

FOR OFFICE USE ONLY

Sector support contribution: approved received (partial) received (full) not applicable

Date of membership approval: _____