

CAMERON AVENUE

10033- 95 street
Edmonton Alberta, T5H 4S1
cameronavemembership@gmail.com

MEMBERSHIP APPLICATION FORM

HOUSEHOLD INFORMATION:

Name of Applicant (s): _____

Address: _____ Postal Code _____

Address of Co-applicant if different from above: _____

Applicant:

Telephone: Home: _____ Work: _____ e-mail: _____

Co-applicant:

Telephone: Home: _____ Work: _____ e-mail: _____

Number of people in Household: _____ Number of Adults: _____/Children: _____

Age of Children: _____

LANDLORD REFERENCE:

Landlord name _____ Phone # _____

May we contact your current landlord for a reference? Yes ___ No ___

If not, why not? _____

Previous address (if at current address less than 1 year): _____

Landlord name at previous address _____ Phone # _____

FINANCIAL/CREDIT INFORMATION:

* **Note** - A Credit check is required. In order to obtain a credit check your Social Insurance Number **may** be required - it is your decision as to whether to provide it now, wait to see if it is required in order to complete your credit check, or applicant(s) can provide copy of credit check themselves. We suggest to provide a credit check yourself.

Applicant:

Employer/Income Source _____ Annual Income: _____ S.I.N.* _____

Date of Birth: _____

Co-Applicant:

Employer/Income Source _____ Annual Income: _____ S.I.N.* _____

Date of Birth: _____

OTHER INFORMATION:

Will your household have pets? Yes___ No ___

Describe your pet(s):_____

Number of parking stalls required _____

How do you feel you can contribute to the Co-operative?

What attracted you to the Co-operative?

What committee are you interested in being a member of:

- | | | |
|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Social | <input type="checkbox"/> Finance | <input type="checkbox"/> Board |

Questions/Comments:

I/We hereby apply for membership in Cameron Avenue:

Date of Application: _____

Applicant's Signature(s):_____

This personal information is being collected under the authority of s. 33(c) of the Freedom of Information and Protection of Privacy Act and will be used to process your application. It is protected by the privacy provision of the Act. Your submitted application form will be confidential and only members of Communitas, the Membership Committee and Board of Directors will have access to it for the purpose of considering your request to be a member of the Co-operative. If you have any questions about the collection of this information contact Communitas. Please indicate your consent for the Cooperative and/or Communitas to collect personal credit and landlord information by signing below.

Applicant #1 _____ Applicant #2 _____