

CAMERON AVENUE CO-OPERATIVE

10033-95 Street NW

Edmonton Alberta, T5H 4S1

cameronavemembership@gmail.com

MEMBERSHIP APPLICATION FORM

HOUSEHOLD INFORMATION:

Name of Applicant: _____

Co-Applicant: _____

Applicant

Current Address: _____

Postal Code: _____ How long at address: _____

Co-Applicant (if different from above)

Current Address: _____

Postal Code: _____ How long at address: _____

Applicant

Phone:(____) _____ Work: (____) _____ E-mail: _____

Co-Applicant

Phone:(____) _____ Work: (____) _____ E-mail: _____

Number of Adults in Household: _____ Children: _____ Age of Children: _____

LANDLORD REFERENCES:

Landlord name: _____ Phone:(____) _____

May we contact your current landlord for a reference? Yes:___ No:___ If not, why? _____

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

Landlord name: _____ Phone:(____) _____

FINANCIAL/CREDIT INFORMATION:

Credit checks must be submitted for all adult applicants

Applicant: Employer/Income Source: _____

Annual Income: _____ Date of Birth: _____

Co-Applicant: Employer/Income Source: _____

Annual Income: _____ Date of Birth: _____

OTHER INFORMATION:

Any pets? Yes:____No:____Describe your pet(s):_____

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

What attracted you to the Co-operative? _____

What committees are you interested in:

- | | | |
|-----------------|------------------|------------------|
| _____Membership | _____Maintenance | _____Landscaping |
| _____Social | _____Finance | _____Policy |

Questions/Comments:_____

I/We hereby apply for membership in Cameron Avenue on (date)_____

Applicant Signature: _____

Co-Applicant Signature: _____

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 Signature: _____

Co-Applicant Signature: _____

Date: _____