APPLICATION FOR MEMBERSHIP IN SIKOME RISE HOUSING COOPERATIVE LTD.

Date:			
Applicants			
Name:			- -
(Last)		(First)	(Middle)
Email Address:			
Co-Applicant			
Name:			
(Last)		(First)	(Middle)
Names of Other Pers	sons Who Will Oc	cupy the Unit	
Email Address:			
Name	1	Relationship	Date of Birth
Current Address:			
		Work:	
Previous Address (if	less than 1 year):		
Postal Code:			
How long at this address:		Do you rent/lease/own	?
Current Monthly rer	nt/mortgage payn	nent:	
Gross income of all a	adults*:	1	
		2	
		3	
		4.	

^{*}Proof of employment and income must be submitted to Sikome Rise for all occupants over the age of 18.

How much notice n	nust you give	eat your present addr	ress:	
Current Landlord				
Name:		Address:		
Phone Number:		May we Co	ntact them? Yes: No:	
Number of pets:	Dogs:	Type and Size		
	Cats:	Type and Size		
Have you ever lived	I in a Coopera	ative housing in the p	past? If yes, where and when?	
Why do you wish to	become a m	nember of Sikome Ris	se Housing Cooperative?	
List previous volun	eer experien	nce and describe the t	:ype of work you did:	
Which committee v	would you be	interested in particip	pating in?	
Board: Fina	nce f	Membership	Maintenance	
Housing Cooperativ	ve Ltd. If you membership	are approved Sikome o, I make a share purc	s not guarantee membership in Siko e Rise may request proof of income. chase of \$1000.00 and pay my first r	. I agree
Signature			Date:	
Signature			Date:	

Note: It is your responsibility to inform Sikome Rise Cooperative of any changes to any of the above information. Failure to do may result in your name being removed from the waiting list.