

APPLICATION FOR MEMBERSHIP Please complete entire application form												
Name of Applic	cant											
Current Addres	SS											
City		Pr		Province				Post	Postal Code			
Home Phone Number			<u> </u>	W		ork Phone Numb		ber				
Cellular Phone Number					Email Address		Address					
PLEASE LIST THE NAMES OF ALL PERSONS (INCLUDING APPLICANT) WHO WILL BE RESIDING IN THE UNIT												
N	lame		Birth dat			te (m/d/yy)		Rela	Relationship to Applicant			
Unit size Required							·					
Special Require	ements (ie: no stair	rs, ha	ındicap unit,	etc.)							
Number of Vehicles						Pets (only one four legged pet allowed/must be neutered/spayed)			t			
Have you ever	ng (Co-op?										
Name and location of Previous				-op								
Please	indicate	your a	are	as of ski	ills	and	l/or intere	st: ✓	applicab	le choice		
Buildings □							rship 🗆		Social 🗆			
Building Systems and Repairs Parent □							and Orientation etter □		Organizing Social Functions Grounds & Gardens □			
Social Functions for Children				Newsie Writing, Editii					Grounds & Gardens □ Landscaping and Work Parties			
Finance					Poc			Security				
Reviewing Fina				nintenance, Chemicals					Security Patrols			
You are required to inform Killarney Gardens Housing Co-op in writing of any changes in your family composition, financial information, or other information. Every 6 months you must confirm, in writing, your interest in remaining on our waitlist. Thank you for applying for membership in Killarney Gardens Housing Co-Operative												
Date Received by Co-op				Received by (print name)								

2998 East 54th Avenue Vancouver BC V5S 1Y5

Office: 604-436-2886 Marketing Coordinator: 604-436-9554 Fax: 604-435-3921

Email: killarneygardens@telus.net Website: www3.telus.net/killarneygardens

					IANCIAL INFORM will be kept in strict of					
Name of App	licant									
Please list				es of income for at 19 years of a	or all those listed	on this				
Name	Social Insurance Number	Monthly Income (gross)	,	Source of Income (Employment, Pension, etc)	Name & Phone Number of Employer	How long employed by				
Diagram					The state of					
Name & Phone Number of Current Landlord				comes from all sources. Thank you How long						
Name & Phone Number of Previous Landlord										
	ne co-op accepts us	s for members			co-op and apply for membe we must purchase shares in					
We declare that all t					co-op permission to verify	any or all of				
on this Application F information may be	orm, accompanyin made available to Lawyer, CMHC, Bo	g income doci people in the	ume follo	entation and credit che owing positions: Boar	ntion about us: All informat eck details. I agree this per d of Directors, Treasurer, F nd the Membership Intervio	sonal inance				
determine my eligib confirm eligibility fo	ility for housing an r membership to C	d membership MHC, BCHMC,	in Pro	the co-op, perform a perty Management Co	o: Contact me about this ap credit check and landlord cl ompany and Co-op's auditor	neck, and s as required.				
	all household ne - Printed	members	S W	who are at 19 years of age or older: Signature						

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