

**Domego Housing Co-operative  
#100 - 2950 Heather Street  
Vancouver, BC V5Z 3J8  
Fax: 604-874-0880**

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**Application for Membership**

Please complete both sides of the form. No applications will be processed until all information is received.

**PLEASE PRINT:**

**Name of applicant:** \_\_\_\_\_

**Present Address:** \_\_\_\_\_  
\_\_\_\_\_

**How Long?** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Present Landlords Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reason for wanting to move:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**How long with this Employer:** \_\_\_\_\_

**Names and ages of all other persons who will be living in the unit:**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I will be needing subsidy. (mark box for yes)**

**Number of bedrooms required:** *(2 people per bedroom)*

Please circle:     1                    2                    3                    Bedrooms

**Special needs or preferences:** *(Example: Wheel chair assessable, Physical needs, etc.)*

\_\_\_\_\_

Do you have pets? \_\_\_\_\_ Number: \_\_\_\_\_ Type: \_\_\_\_\_

Do you have volunteer experience? \_\_\_\_\_ If Yes Where and When:

\_\_\_\_\_

Have you ever lived in a co-op before? \_\_\_\_\_

If yes, which one and how long? \_\_\_\_\_

The Co-op is run and maintained by committees which committee(s) are you interested in joining?

Board of Directors \_\_\_\_\_ Finance \_\_\_\_\_ Maintenance \_\_\_\_\_

Gardening \_\_\_\_\_ Membership \_\_\_\_\_ Grievance \_\_\_\_\_

Children's \_\_\_\_\_ Newsletter \_\_\_\_\_ Social \_\_\_\_\_

How long have you been living at your present address? \_\_\_\_\_

References: Landlord -- Name, Address & Phone #: \_\_\_\_\_

\_\_\_\_\_

Have you ever attended an orientation Meeting? If Yes, when: \_\_\_\_\_

**Please Note:** Your signature below signifies the information given on this application is truthful, current and unifiable. You agree to notify the co-op of any changes in your status or unit requirement. You may lose your place on the waiting list if this information is not up to date.

Signature of Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**For Co-op Use:**

Date Application Received: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_

Recommended for Acceptance: Yes \_\_\_\_\_ No \_\_\_\_\_

Accepted: Yes: (Date) \_\_\_\_\_ No: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_