



Co-operative Housing Co-ordinators Hamilton – Niagara Area Inc.

c/o 66 Elora Drive Unit #35 Hamilton, ON L9C 7B3

CHCHNA.Association@gmail.com

STAFF ASSOCIATION

MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

Phone#: _____ Email: _____

Name of Co-op: _____

Address: _____

Job Title: _____

Which of the following best reflect your relationship to the housing co-op where you work:

_____ Directly employed by a housing co-operative in an employer-employee relationship

_____ Employed by a Management Company providing day-to-day services to co-op(s)

I understand that membership in the Association is open to any individual who is employed as a housing manager (Co-ordinator/Administrator) in the Hamilton, Niagara and Peel/Halton Area.

I understand that the one-time membership registration fee of **\$35.00** is payable upon membership acceptance.

I further understand that it is my obligation to pay my annual dues when invoiced.

I further understand that by signing this application form for membership, I agree to abide by the by-laws, policies and procedures of the organization as they exist at this time and as they may be changed from time to time.

Date: _____ Signature: _____