



## Associate Application

Thank you for your interest in becoming an associate of the Co-operative Housing Federation of Canada (CHF Canada). Please complete this form and return it to [members@chfcanada.coop](mailto:members@chfcanada.coop). If you have any questions, contact us at the same email address or call 416-366-1711 ext. 251.

**Note:**

Associates are not Members of CHF Canada and do not have the right to vote or hold office.

### Eligibility Criteria:

Select the category that you are applying for; (mark with an X)

#### Organizational Associate

Organizational Associates are of national or regional prominence who lend strong support to CHF Canada with a purpose to serve and support housing co-operatives.

#### Individual Associate

To be eligible as an Individual Associate, you:

- Have been awarded and designated as an **Honorary Life Associate** by the CHF Canada Board.
- Are maintaining the **Co-operative Housing Management Accreditation**.
- Have demonstrated long-term involvement and commitment to the co-operative housing sector.

### Contact Information

Name of Organization or Individual: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_



Unit or Suite #:

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**For Organizational Associate Only:**

Primary Contact Person: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Your Interest:**

**Please describe yourself or organization:**

**Why would you like to be an Associate of CHF Canada?**

**Invoice Payment:**

CHF Canada will send you an invoice upon approval of your application. Payment is due on receipt.  
I have read and understand the above

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date