



## Housing Co-ops Membership Application

Thank you for applying for membership in the Co-operative Housing Federation of Canada. To join CHF Canada, your housing co-op must be a non-profit continuing housing co-operative. For more information, please contact CHF Canada at [members@chfcanada.coop](mailto:members@chfcanada.coop) or call (416) 366-1711 ext. 251.

### CO-OP GENERAL INFORMATION

***Please include unit or suite number to ensure all mail is received***

Full Legal Name of Co-op: \_\_\_\_\_

Co-Address: \_\_\_\_\_

Unit, Suite or Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ Province/Territory: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Co-op Phone: \_\_\_\_\_ Co-op Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Location of Co-op (if different from above):

(List below if your co-op has multiple locations and include the unit addresses for each location)

Co-op Unit # Sequence:

(For the purpose of household mailing, please describe how your co-op units are numbered ex: 1-2, 1001-1002, 101-102 etc.)

### CO-OP CONTACT INFORMATION

Your Primary Contact is the designated on-site staff person, or the main contact person identified as the main member contact. ***The Primary Contact is responsible for forwarding this information to the relevant individuals.***

Primary Contact (Coop): \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*This email address is typically used to receive important communications from CHF Canada.*

***Please note, if the Primary Contact chosen by the co-operative is the management firm or staff person. The co-operative must update the Primary Contact using the Member Portal in the event of a change in staff or management firm. If not updated, the co-operative risks not receiving important communication from CHF Canada.***

Is the co-operative managed by:

Management firm (if yes, please specify) \_\_\_\_\_

Independent staff person

Self managed (by Board of Directors)

### CO-OP INFORMATION CONTINUED

Is your co-op a member of your local federation?  Yes  No  
Have you ever been a member of CHF Canada in the past?  Yes  No

Is your co-op occupied?  Yes Date occupancy began: \_\_\_\_\_  
 No Date occupancy expected: \_\_\_\_\_

Total number of units in co-op: \_\_\_\_\_ Fiscal year-end: \_\_\_\_\_ (day) \_\_\_\_\_ (month)

Your co-op:  Built new buildings  
 Bought and renovated existing housing  
 Bought a non-residential building and turned it into housing  
 Is a mix of new and renovated buildings  
 Is currently under development

The following group, resource group or person helped/is helping to develop your co-op:

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Your co-op was developed:

Under a federal government program  Under a provincial government program  
 Under several programs  Outside any government programs

Name of program(s) and number of units financed under each (if known):

Your co-op has units for:

Senior citizens only (units: \_\_\_)  
 Students only (units: \_\_\_)  
 People with physical disabilities (units: \_\_\_)  
Other \_\_\_\_\_

**YOUR INTEREST:** Tell us why your co-op would like to become a member of CHF Canada?



## MEMBERSHIP OFFERINGS

The following is a list of the main services/programs currently offered by CHF Canada. Please select all the services and programs that your co-op may be interested in:

<input type="checkbox"/> Advice from CHF Canada Staff	<input type="checkbox"/> Long Term Planning Tools
<input type="checkbox"/> Annual General Meeting	<input type="checkbox"/> Networking and Sharing Ideas with Other Members
<input type="checkbox"/> Educational Workshops and Events	<input type="checkbox"/> Online Resource Centre
<input type="checkbox"/> Growth and Development	<input type="checkbox"/> Representing Co-op Interests to Government
<input type="checkbox"/> Grants and scholarships	<input type="checkbox"/> Insurance products & risk management program
<input type="checkbox"/> Other (please specify)	

## PREFERRED LANGUAGE

CHF Canada serves its members in both official languages. Please tell us in what language(s) you want to receive letters and information from CHF Canada:

English       French

## TERMS AND CONDITIONS

*Please read these terms and conditions as they apply to your membership application*

Membership in CHF Canada requires approval of the Board of Directors in accordance with By Law Section 2.

Before submitting this membership application, please review the following terms and conditions of membership. The terms and conditions form part of this application for membership in CHF Canada. Acceptance of membership constitutes an agreement to comply with the Terms and Conditions.

### Membership

Members commit to adhere to the co-operative principles and to be actively engaged in the activities and governance of the national federation and co-operative sector.

### Payment

In submitting the Application for Membership, you certify that the information supplied in the Application for Membership is true and complete. You will be invoiced upon acceptance into membership and payment is due upon receipt. You must pay the annual membership dues by the specified due date each year in accordance with our Bylaws. Dues rates are approved annually by members.

- Dues are payable for all units whether occupied or vacant.
- For housing co-operatives that belong to a local co-operative housing federation a 10% discount on their CHF Canada dues will be applied.
- Housing co-operatives in the regions of Golden Horseshoe Co-operative Housing Federation, Central Ontario Co-operative Housing Federation, Northern Alberta Co-operative Housing Association, Southern Alberta Co-operative Housing Association and Co-operative Housing Association of Newfoundland and Labrador agree to be joint members of their local and national federation.
- Membership and associated privileges are subject to termination where members are not in Good Standing due to failure to pay dues or monies owing without a payment agreement approved in writing by CHF Canada.



**Membership Status**

For new applicants, membership decisions by the CHF Canada Board of Directors will be conveyed to you via email at the email address provided by you in your Application for Membership.

For existing members, status of your membership including member dues arrears or membership termination, will be communicated to the Primary Contact you have provided, which can be confirmed or changed via the Member Portal.

**Members must advise CHF Canada in writing if they are withdrawing from membership and will be responsible for dues payment until the written notice has been provided (CHF Canada By-Law 2.13)**

**Changes to Personal or Contact Information: Member Portal**

If your CHF Canada Membership application is accepted, as a member, it will be your sole responsibility to immediately login and update your Primary Contact information. You will be provided with a login and password upon acceptance of membership. The Primary Contact information includes but is not limited to mailing address, email address, primary contact name (herein "Primary Contact"). If the number of units in your co-op changes, please notify CHF Canada in writing at info@chfcanada.coop immediately.

**Privacy and Use of Information**

CHF Canada respects your privacy and will administer the personal information that you provide us in the membership application in accordance with privacy policies and related practices. The personal information that you provide CHF Canada will be used for one or more of the following purposes: communication with you, to administer membership programs, to comply with legal and regulatory requirements, for research and marketing purposes, and to inform you about CHF Canada services by mail, telephone, email, or other means.

**SIGNATURE**

**Please enclose a copy of your articles of incorporation. Your application cannot be considered without these documents. If further information is needed to assess your application, CHF Canada will contact you. Applications are approved by CHF Canada's Board of Directors and may take between 2- 4 weeks.**

We hereby apply for membership and understand that CHF Canada will invoice us for membership once application is approved. We acknowledge that payment is required upon receipt of the invoice.

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Signature

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Date

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Position**FOR OFFICE USE ONLY**

Sector support contribution:  approved  received (partial)  received (full)  N/A

Date of membership approval: \_\_\_\_\_

