



ST. ANDREW'S PLACE

Mission Cooperative Housing Association

One Bedroom

(\$2,200 share purchase)

Application for Membership

Date _____

(Please print clearly and complete all sections. Incomplete applications will not be processed.)

Name _____

Date of birth _____ (Must be 55+)

Phone number _____ Email _____

Are you: Working Retired

Current or past occupation/s? _____

Personal References (No relatives please)

Name: _____

Phone: _____

Do you know anyone living in the Co-op? If so, who? _____

How did you hear about us? _____

Reason for Wanting to Join Mission Co-op _____

Have you lived in a Co-op before? Yes No

Do you agree to attend general meetings? Yes No

Do you agree to attend events? Yes No

Are you willing to serve on the Co-op Board? Yes No

Do you have volunteer experience?

Yes No

If yes, Explain?

Volunteer Reference

Name _____

Phone _____

Active engagement in the Co-op community is foundational to Co-op success. Members are strongly encouraged to contribute talents where and when they may be needed.

What ways do you feel you can contribute and volunteer at the Co-op?

Do you have hobbies you are willing to share with other members?

Other things you think you can help with:

Here are some things that others do here. What fields interest you?

	Board	Finance Treasurer	Handy Helper (Small fix it)	Housing	Office Helper	Secretarial
	Cleaning	Garage Sale	Health & Wellness	Maintenance	Poster maker	Social Events
	Deliveries	Hall Maintenance	Helping Hands	Membership	Safe and sound	Welcome Committee

Tell us something about yourself that would make you stand out from the other applicants:

Do you currently Own your home. or Rent your home.

Current Address _____

If you rent, please provide:

Length of residence at current address _____

Landlord's name _____ Phone number _____

Does your landlord know you are wanting to move? Yes No

If you have lived at your current address for less than two years

Previous Landlord's Name _____ Phone number _____

Previous Address _____

Financial Information

Current rent/mortgage \$ _____ Utilities \$ _____

Line 15,000 on your Income Tax Return Assessment \$ _____

Vehicle Information (One parking stall per unit)

Make _____ Model _____ License Plate _____

Pet and Emotional Support Animal (ESA) Information

Do you currently have a pet? Yes No

If yes, please specify the type of animal: _____

The Co-op has a **no-pet policy**. Animals are only considered where an applicant has provided acceptable documentation confirming a disability-related need for an Emotional Support Animal. Applications involving animals **without appropriate documentation** will not be considered at this time

Is the animal an **Emotional Support Animal (ESA)**? Yes No

If yes: The Co-op will require documentation from a licensed health care or mental health professional confirming the need for an Emotional Support Animal (ESA).

Do you have valid documentation? Yes No

Applicant Declaration and Consent

Please read all the following statements carefully check each statement after reading then sign below if you agree:

- I confirm that I am **55 years of age or older**.
- I declare that all information provided in this application is **true, complete, and accurate** to the best of my knowledge.
- I acknowledge that the collection, use, verification, retention, disclosure, and destruction of my personal information is governed by the **Personal Information Protection Statement** provided with this application, and I consent to the processes described therein, including reference, landlord, and credit checks where applicable.
- I understand that submitting this application and participating in an interview **does not guarantee acceptance** for membership. Eligibility is subject to meeting criteria established by the Membership Committee, approval by the Board of Directors, and the availability of suitable accommodation.

If I am accepted for membership and offered and accept a unit, I understand that I will be required to:

- Purchase shares in the amount of **\$2,200.00 for a one-bedroom unit**
- Provide Personal Tax Assessment annually
- Provide **proof of personal contents insurance annually**.
- Provide **proof of vehicle insurance annually**, if applicable.
- Comply with the Co-op's **no-smoking and no-pet policies**.
- Be bound by and comply with the **Co-operative Act**, the **Model Rules**, the **Occupancy Agreement**, and all **House Policies** of the Co-op, as currently in force and as amended from time to time.

Applicant Signature

By signing below, I acknowledge that I have read and understood the statements above and that my signature constitutes my declaration that all information provided is accurate and that I accept the terms outlined above

Name

Signature

Date

Personal Information Protection Statement for Applicants

(To be signed with membership application form)

Consent to Collection and Retention

I consent to the Mission Co-operative Housing Association (“the Co-op”) collecting and retaining my application and personal information for the purpose of assessing my eligibility for membership. I understand that if I do not check in or update my application within one (1) year, my application and all associated personal information will be securely shredded in accordance with legal and operational requirements.

Purpose of Collection

I understand that the personal information I provide may be used for the following purposes only:

1. **Date of birth** – to determine whether I meet the age requirement for membership (55+).
2. **Financial information** – to determine whether I meet the financial requirements for membership.
3. **References** – to assess personal, volunteer, and landlord history.
4. **Work and volunteer experience** – to determine skills or experience that may be an asset to the Co-op.

Disclosure of Information

I agree that my personal information may be disclosed, on a need-to-know basis only, to individuals in the following roles:

1. Employees of the BC Federation of Co-ops (Community Land Trust)
2. The Co-op’s legal counsel
3. Designated committee members with official duties related to applications, membership recruitment, or census information
4. The Membership Committee, for the purpose of contacting references, credit reporting agencies, and landlords
5. Management, for the secure storage of personal information (hard copy)
6. Office staff, for maintenance coordination and check-ins (computer records only)
7. The Board of Directors, when my application is being presented for consideration as a potential member

All personal information is kept in strict confidence in accordance with the **Personal Information Protection Act (PIPA)**. Application materials and personal information are stored in a locked file cabinet within a secure office, with electronic records protected by appropriate safeguards.

Signed _____ Date: _____

We want to thank all applicants for their interest in our Co-op, however, only those candidates selected for the pre-selection interviews will be contacted.