

## Application for Membership



*Please email your completed application to the Membership Committee:  
[highhopesmembership@gmail.com](mailto:highhopesmembership@gmail.com)*

**Name(s):**

**Present Address:**

**Telephone Number(s):**

**Email Address:**

**Occupation(s):**

**Please note the number of people who will be living in your unit and their relationship to you (child, dependent, roommate).**

**Size of unit sought?**

**Please provide the names and contact information for at least two (2) references. One reference should be a former or current landlord. If using the name of a Co-op member, please provide three (3) references, two (2) of which are not related to our Co-op.**

**1. Name:**

**Relationship:**

**Phone number:**

**Email:**

**2. Name:**

**Relationship:**

**Phone number:**

**Email:**

**3. Name:**

**Relationship:**

**Phone number:**

**Email:**

**When would be an ideal move-in date for you?**

**Please write us a separate paragraph or paragraphs indicating why you want to live in our Housing Coop.**

**What skills do you have which will benefit the Co-op? What experience do you have with Co-operatives?**

**Our current Membership Policy states:** “Members of the Interview Task Group may review those active applications according to the following criteria...the applicant’s needs (i.e. present housing or equity-seeking group).”

**If you wish to self-identify as being a member of an equity-seeking group (e.g. Indigenous, Black, Person of Colour, financially challenged, disabled, LGBTQ2S+) or to elaborate on your current housing, please do so.**

**Date:**

**Signature(s):**