Membership Application Form

I ……………………………………………………………………………………… *(Applicant’s name)*of …………………………………………………………………………………………………
*(Applicant’s residential address)* hereby apply to become a member of MERZ Housing Co-operative Inc.

I have read and understood the Rules. Yes [ ] No [ ]

I have read and understood the Policies. Yes [ ] No [ ]

I have read and understood the Code of Conduct. Yes [ ] No [ ]

I have read and understood the Participation Policy. Yes [ ] No [ ]

If my application is accepted, I agree to be bound by MERZ Housing Co-operative Inc.’s Rules and Policies.

I understand that if my membership is rejected by MERZ Housing Co-operative Inc. I may give notice of my intention to appeal within 14 days of being advised of the rejection. In accordance with the Rules, MERZ Housing Co-operative Inc. must confirm or set aside the decision rejecting my application, after giving me a reasonable opportunity to be heard or to make written representations to the meeting which considers my appeal.

Signature:………………………………….…………………. Date:…………………………………………………

Please send this form to the Merz Secretary via email to merzsec@gmx.com, or post to
Merz Secretary, Merz Housing Co-op Inc., 2E Pickering Street, Brompton, S.A. 5007.

**For Office Use Only**

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| --- | --- |
| Date Received |  |
| Received by  | [ ] Email [ ] Post [ ] In Person |
| Date Assessed by Member Tenant Selection Subcommittee | [ ] Approved [ ] Not approved |
| Actions  |