

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

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