

# CO-OPERATIVE STAFF ASSOCIATION OF CENTRAL ONTARIO

## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

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Which of the following best reflect your relationship to the housing co-op where you work (check one):

- Directly employed by a housing co-operative in an employer-employee relationship
  - Employed by a Management Company providing day-to-day services to co-op(s)
  - Self-employed independent contractor providing day-to-day services to co-op(s)
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I acknowledge that I have attached a cheque to cover my one-time membership fee of **\$15.00.**

I understand that the Board of Directors must approve my request for membership, and, if accepted, it will be effective and dues will be payable as of the first of the subsequent month.

I further understand that it is my obligation to pay my dues when invoiced.

I further understand that by signing this application form for membership, I agree to abide by the bylaws, policies and procedures of the organization as they exist at this time and as they may be changed from time to time.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_