

METRO COMMUNITY HOUSING CO-OP LTD

Suite 208/1 Erskineville Rd, Newtown 2042

APPLICATION FOR MEMBERSHIP OF METRO COMMUNITY HOUSING CO-OPERATIVE LTD

UNDER THE PROVISIONS OF THE CO-OPERATIVES ACT 1992

Surname of Applicant:

Given Names

Date of Birth:

Please indicate if this is: Personal membership or Representing Organisation/Employer

Name of Organisation you are representing:

Address to which notices are to be sent:

If you would prefer to be contacted by e-mail please include e-mail address :

I hereby apply to be admitted as a member of Metro Community Housing Co-operative Ltd. If this application is approved I agree to be bound by the rules of the co-operative and by any other alteration to the Rules of the Co-operative registered in accordance with the above-mentioned act.

If you are not a tenant of Metro Community Housing Co-operative Ltd, please provide a brief outline below of the reasons you wish to become a member of the co-operative.

Signed:

Dated:

Witness Name:

Witness Signature:

Dated: