



bain apartments co-operative incorporated

100 bain avenue, 29A the lindens • toronto • ON • M4K 1E8 • tel. (416) 466-2186

APPLICATION # _____

INTERNAL MEMBERSHIP APPLICATION

This form is for the use of people who are living at Bain Co-op who are children of Co-op members or who have been registered long-term guests for at least six months. Applicants must be at least 16 years old, and must sign the Occupancy Agreement for their current unit. Applicants must also provide proof of address in the form of either a driver's license, government issued ID, or their most recent Notice of Assessment. Applicants who are registered long-term guests must also consent to and complete a credit check.

Please note that all information you provide is strictly for the use of the Co-op in evaluating your request for membership and will be kept confidential. If you would like clarification on any of the questions you may call the Co-op office or discuss your concerns with the Membership Committee's interviewing team.

1. PERSONAL INFORMATION

Name: _____
Unit number: _____ Date of birth: _____
Telephone: (H) _____ (C) _____ (W) _____
Previous address: _____

2. HOUSEHOLD INFORMATION

Please give the names of all other adult members of your household and their relationship to you.

NAME	RELATIONSHIP TO APPLICANT

3. GENERAL INFORMATION

A. How long have you lived at the Bain Co-op?

B. Why do you want to become a member of the Bain Co-op?

C. Have you ever been involved with any other Co-op(s)? Give details.

D. Are you now, or have you ever been, a member of any other volunteer organizations such as community groups, service clubs, trade unions, etc.? Give details.



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E. What contribution(s) have you made to the Bain Community since you have been living here?

F. What contribution do you expect to make to the Bain Community as a member?

G. The Bain operates on the principle of open membership. Our members include people of many ethnic, religious, social and economic backgrounds. We are of different cultural and racial backgrounds and differing sexual orientation. Please tell us how you feel about the principle of open membership:

1. I intend to remain in the unit where I currently reside. ☐
2. I intend to apply for my own unit after I have been a member for one year. ☐

Current Source of Income _____

Occupation _____

***If you choose to apply for a unit after one year, you must fill out a relocation application and provide financial information.**

I understand that the Bain Apartments Co-operative Inc. was formed for the purposes of providing housing at cost to its members, and that membership includes the responsibility to participate in the management and maintenance of the Co-op.

I understand that a Membership Fee of \$2.00 is required upon membership approval.

I declare that all the information in this application is correct and hereby authorize the Co-operative to verify any of the information contained herein.

Dated: _____ Signed: _____

STATEMENT OF SUPPORT BY CO-HOUSEHOLD MEMBERS OF BAIN.

I/We have read the application made by _____ who is a member of my/our household and wishes to become a full member of Bain Co-op. I/We understand that the applicant will need to sign the Occupancy Agreement for this unit in order to become a member. I/We believe the information provided is complete and accurate, and support the application.

SIGNED: _____ SIGNED: _____

DATED: _____ DATED: _____