



# ISNA HOUSING CO-OPERATIVE LTD.

## Membership Form

2200 South Sheridan Way, Mississauga, Ontario, L5J 2M4

Phone: (905) 403-8406 Ext: 215 Fax: (905) 403-8409

Email: members@isnahousing.org

### CHECK THE BOX THAT APPLIES TO YOU

New Membership (fill in A - E)     
  Additional Investment (fill in A & D - E)     
  Change of Records (fill in A - D)

**MINIMUM PURCHASE 5 SHARES**

**Processing Time 4 to 6 weeks**

<b>A</b>	<b>Please type or print</b>		Membership Number: <input style="width: 20px; height: 15px;" type="text"/>		
	NAME: _____				
	(First)	(Middle)	(Last)		
	ADDRESS: _____				
	(Number & Street)		(Apt #)		
	(City)		(Province)	(Postal Code)	(Country)
	PHONE: _____	_____	_____	_____	_____
(Home)	(Cell)	(Work)	(Extension)	(Fax)	
EMAIL: _____		CITIZENSHIP: _____			
SOCIAL INSURANCE NUMBER: _____		PROFESSION: _____			
EMPLOYER NAME: _____		EMPLOYER PHONE: _____			

<b>B</b>	<b>SPOUSE INFORMATION</b>			
	NAME: _____		NUMBER OF DEPENDENTS: _____	
	(First)	(Middle)	(Last)	
	SOCIAL INSURANCE NUMBER: _____		PROFESSION: _____	
EMPLOYER NAME: _____		EMPLOYER PHONE: _____		

<b>C</b>	<b>BENEFICIARY</b> (Use Separate sheet for additional names and/or information)		
	NAME	RELATIONSHIP	ADDRESS / PHONE NUMBER
	1. _____	_____	_____
	2. _____	_____	_____
	3. _____	_____	_____
4. _____	_____	_____	

<b>D</b>	<b>MEMBERSHIP TYPE</b> (Please check one box)	
	Buy A House <input type="checkbox"/> Investment <input type="checkbox"/> Transfer of Mortgage <input type="checkbox"/>	<b>Youth</b> (age above 16 but below 18) Date of Birth: _____
		MM / DD / YYYY

<b>E</b>	<b>\$75.00 – Applicable for New Members only</b>		<b>(Cheque payable to IHC / ISNA Housing Co-operative Ltd.)</b>	
	Membership fee (\$75.00 non-refundable)	\$	<b>Acknowledgement</b> I / We the undersigned have read the regulations of the ISNA Housing Co-operative Ltd. and Fully agree to abide by the IHC regulations.  <b>PLEASE INITIAL:</b>	
	Number of Shares Purchased _____ x \$100 Per Share	\$		
	Donation to ISNA Canada	\$		
	Total Amount	\$		
	Signature of Member: _____		Date: _____	
Signature of Spouse: _____		Date: _____		

<b>Office use</b>	Received Date: _____		Amount Received: \$ _____		Received & Verified By: _____	
	----- Deposit -----		Shares Certificate #:	Number of Shares:	Batch No.:	
	Amount: _____	Date: _____	Number: _____			
	Verified By Office: _____		Date: _____	Verified By Accounts: _____		Date: _____
	Treasurer's Initials _____		Date: _____			
	Signature of Chair: _____		Date: _____			