

APPLICATION TO BECOME A FRIEND OF OGHC

As a Friend of Old Grace Housing Co-operative, you will be able to:

1. receive a Co-op Number to be used in the allocation of available suites;
2. be notified when closed waiting lists are opened;
3. take a place on open waiting lists for suites that are currently not available;
4. receive news and regular updates about OGHC activities.

Age

- I am 18 years of age or older.

Co-operative Principles

- I agree with the general principles of the co-operative movement and those which apply specifically to Old Grace Housing Co-operative.

OGHC Vision, Mission and Principles

- I agree with the Vision, Mission and Principles of Old Grace Housing Co-operative. I have noted and support the principle of consensus decision-making.

Diversity

- I have a positive attitude to living in a community with people from different social, economic, and cultural backgrounds. If I become a resident, I will treat other co-op members with respect at all times.

Waiting list

- I understand that becoming a Friend of Old Grace Housing Co-operative does not automatically put my name on the waiting list for a suite. I must provide information about my housing requirements by completing a downloaded **Wait List Application Form** and mailing this form to OGHC.

Use of information provided

- I understand and agree that the personal information I am providing in this application to become a Friend of Old Grace Housing Co-operative will be protected by the co-op and only used to: contact me about this application, determine my eligibility for future co-op membership, and determine the type of housing and size of unit my household qualifies for.

Payment method (select one of two options)

- I am hereby applying to become a Friend of Old Grace Housing Co-operative, and submit my Deposit of \$50 by:
- 1) Electronic transfer to oghc@oldgracehousingcoop.ca
 - 2) Cheque made payable to Old Grace Housing Co-operative
(see mailing address at the end of this application)

CONTACT INFORMATION:

First Name: _____

Last Name: _____

Email: _____

Mailing address (street, city, province, postal code):

Phone (Day, Evening, and Mobile):

If paying by cheque, please send to:

Membership Committee
Old Grace Housing Co-operative
100-200 Arlington Street
Winnipeg, MB R3G 0W6

Thank you for your interest in becoming a Friend of Old Grace Housing Co-operative.