

Membership Application

Springfield Seniors Non-Profit Housing Co-operative Ltd. (SSNHC)

100-800 Jaffray St., Dugald, MB. R5P 0E9 (204) 853-7434
springfieldseniorshousingcoop@gmail.com
www.DugaldEstates.com

The ultimate object of forming a Seniors Housing Co-op in Springfield is to:

- a) Develop a range of Co-op Housing Projects that would suit the needs of seniors in the RM of Springfield
- b) Find available land for this purpose, develop the land and construct one or more buildings;
- c) Accept deposits from members who will occupy the buildings (housing units) and/or who wish to support the development work of the co-op for the benefit of the broader community;
- d) Have a Board of Directors elected from members and occupants of the housing units to make decisions regarding current and future activities of SSNHC.:
- e) Develop By-laws as required by the Co-op Development Board;

Membership in the Springfield Seniors Non-Profit Housing Co-op will entitle members to the following:

- a) Members will be included in email/mailling lists, informed of any updates, and will be invited to general meetings;
- b) Supporters will be the first to be notified about future senior's housing projects by the Co-op;
- c) Fees will pay for incidentals for the organization (filing fees, audit, ongoing operations, etc.);
- d) Must to be a member to vote. Individuals will be supporters, not couples. If a couple wishes to each have a vote, each needs to be a supporter.

Tear along this line

Name: _____

Address: _____

Phone: Home#: _____ Business/Cell#: _____

Email: _____

Retired: Yes: ____ No: ____ What is/was your occupation? _____

Are you a Member _____, Board of Directors _____, Employee _____, Former Employee _____, of a Co-op or Credit Union?

Do you have other work experience that would benefit this project? _____

Supporting member's \$25.00 application fee (NON REFUNDABLE) attached. Yes _____ No _____

Please make cheque payable to: Springfield Seniors Non-Profit Housing Co-op Ltd or SSNHC

Accepted on behalf of the Founding Committee, This _____ of _____, 20_____

Application Signature

Note: One (1) Name per application

Board Member's Signature

SSNHC Membership Application Updated May 2020