



ISNA HOUSING CO-OPERATIVE LTD.

2200 South Sheridan Way, Mississauga, ON L5J 2M4
 Phone: (905) 403-8406 Fax: (905) 403-8409 Membership Number:
 Email: info@isnahousing.com

CHECK THE BOX THAT APPLIES TO YOU

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

MINIMUM PURCHASE 5 SHARES

Processing Time 5 to 7 weeks

A

Please type or print Membership Number:

NAME: _____
 (First) (Middle) (Last)

ADDRESS: _____
 (Number & Street) (Apt #)

 (City) (Province) (Postal Code) (Country)

PHONE: _____
 (Home) (Cell) (Work) (Extension) (Fax)

EMAIL: _____ CITIZENSHIP: _____

PROFESSION: _____ SOCIAL INSURANCE NUMBER: _____

EMPLOYER NAME: _____ EMPLOYER PHONE: _____

B

SPOUSE

NAME: _____ NUMBER OF DEPENDENTS: _____
 (First) (Middle) (Last)

PROFESSION: _____ SOCIAL INSURANCE NUMBER: _____

EMPLOYER NAME: _____ EMPLOYER PHONE: _____

C

BENEFICIARY (Use additional sheet for more name and/or information)

NAME	RELATIONSHIP	ADDRESS / PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

D

MEMBERSHIP*TYPE (Please check one box)
 Single Spouse Joint

If Youth / Minor _____
 Date of Birth (Required) MM / DD / YYYY

E

ACCOUNT TYPE (Please check one box) Buy A House Investment Pay Off Mortgage

***150.00 - New Members including the spouse (if applicable)**

Membership fee (non-refundable)	\$	Acknowledgement I / We the undersigned have read the regulations of the ISNA Housing Co-operative Ltd. and fully agree to abide by them.
Number of shares @ \$100/Share	#	
Amount for purchased shares	\$	
Donation to ISNA Canada	\$	
Total Amount	\$	
(Cheque payable to IHC / ISNA Housing Co-operative Ltd.)		
Signature of Member:		Date:
Signature of Spouse:		Date:

Office use

DATE Received: _____ **Amount Received: \$** _____ **Received By:** _____

Amount: _____	Date: _____	Number: _____	Shares Certificate #: _____	Number of Shares: _____	Batch Number: _____
Treasurer's Initials _____			Date: _____		
Signature of Authorized Official: _____			Date: _____		