



INTEREST-FREE HOUSING CO-OPERATIVE OF CANADA LTD.

(Formerly known as: ISNA Housing Co-operative Ltd.)

Mailing Address: PO Box 52589 Turtle Creek, Mississauga, Ontario, L5J 4S6

Phone #: (905) 822-4422 Cell: (647) 527 - 4425 Fax #: (905) 822-4424

Email: ihc@interestfreehousing.ca Web: www.interestfreehousing.ca

Membership Form

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

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: _____

SOCIAL INSURANCE NUMBER: _____ PROFESSION: _____

EMPLOYER NAME: _____ EMPLOYER PHONE: _____

SPOUSE INFORMATION

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

SOCIAL INSURANCE NUMBER: _____ PROFESSION: _____

EMPLOYER NAME: _____ EMPLOYER PHONE: _____

BENEFICIARY (Use Separate sheet for additional names and/or information)

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

MEMBERSHIP TYPE (Please check one box)

Buy A House Investment Transfer of Mortgage

Acknowledgement
 I / We the undersigned have read the Regulations and Shares Redemption Policy of the Interest-Free Housing Co-operative of Canada Ltd. And fully agree to abide by the IHC Regulations and the Shares Redemption Policy

E

\$75.00 – Applicable for New Members only

Membership fee (\$75.00 non-refundable)	\$
Number of Shares Purchased _____ x \$100 Per Share	\$
Total Amount Cheque payable - Interest-Free Housing Co-operative of Canada Ltd.	\$

Signature of Member: _____ Date: _____

Signature of Spouse: _____ Date: _____

PLEASE INITIAL: _____

Office use

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: _____		