

# DC Cooperative Housing Coalition

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## New Member Application

**Return this form with a check for dues (Box 2, below) payable to DC/CHC to:**  
DC/CHC, c/o James Smith, 700 7<sup>th</sup> Street, SW #633, Washington, DC 20024

### 1. COOPERATIVE

Name of Cooperative \_\_\_\_\_

Street Address \_\_\_\_\_ ZIP \_\_\_\_\_ Neighborhood: \_\_\_\_\_

Ward \_\_\_\_\_ ANC \_\_\_\_\_ Co-op's Telephone (if applicable) \_\_\_\_\_

How many serve on your Board? \_\_\_\_\_ In what month is your Annual Meeting? \_\_\_\_\_

Co-op web site (if applicable): www. \_\_\_\_\_

If there is a web site, may we add a link from our Web site to your co-op's web site?  Yes  No

### 2. DUES CALCULATION

# of Units \_\_\_\_\_ x \$1.50= \_\_\_\_\_ *(Please pay this amount. This is your co-op's CHC dues.)*

### 3. CO-OP PRESIDENT

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Current term of office ends 20\_\_\_\_\_

### 4. DC/CHC REPRESENTATIVE (Person to whom newsletters, announcements, etc., will be mailed or will be contacted)

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

### 5. CO-OP MANAGEMENT

Manager's Name \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Management:  Self-Managed

Contract-Managed: Company \_\_\_\_\_

Address \_\_\_\_\_

Company e-mail Address \_\_\_\_\_

Is Manager a Co-op employee or management company employee?...

Co-op employee  Management company employee