



## New Membership Application

**Return this form with a check for dues (Box 2, below) payable to DC|CHC to:**  
 DC|CHC, c/o Blake Jones, 1858 California Street NW #8, Washington, DC 20009

### 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 website (if applicable): www. \_\_\_\_\_

May we add a link from our website to your co-op's website?  Yes  No

### 2. DUES CALCULATION

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

### 3. CO-OP PRESIDENT

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

E-mail address \_\_\_\_\_ Year term of office ends \_\_\_\_\_

### 4. DC|CHC REPRESENTATIVE

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

E-mail address \_\_\_\_\_

### 5. CO-OP MANAGEMENT

Manager's name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Management:  Self-managed

Contract-managed: Company name \_\_\_\_\_

Address \_\_\_\_\_

Company email address \_\_\_\_\_

Is manager a co-op employee or management company employee?

Co-op employee  Management company employee