CANDIDATE'S DECLARATION AND CONSENT
Board of Directors

I _____ declare that I am a candidate for the position of At-Large Director
        (Name of Candidate)
and I consent to serve in that position if I am elected.

I am a member of _____
                        (Name of Housing Co-op)

OR I am a Delegate who is a director or employee of _____ .
                                        (Name of Other Member Organization)

I am at least eighteen years of age, have not been found by a court to be incapable of managing my own affairs, and am not an undischarged bankrupt.

I am not in arrears of housing charges or other charges to my housing co-op. My housing co-op is not in arrears of membership dues to CHF BC.

_____   _____
Witness Signature   Candidate Signature

_____   _____
Date   Date

Name: _____   Name: _____

Address: _____   Address: _____

City: _____   Candidate Email: _____

Phone: _____   City: _____

                                                            Phone: _____

Please ensure that your co-op or member organization signs the Confirmation of Good Standing on the reverse.

Nominations close at 4:30 p.m. on Tuesday, November 12, 2024.

CONFIRMATION OF GOOD STANDING

I declare that_____(the "CHF BC Member") is a member

(Name of Member/Organization)

of the Co-operative Housing Federation of British Columbia ("CHF BC"). On behalf of the

CHF BC member organization, I confirm that _____(the "Candidate")

(Name of Candidate)

is a member of the CHF BC member organization and is not in arrears of housing charges or any other charges owing to the CHF BC member.

For purposes of this declaration, I understand that "*arrears of housing charges or any other charges*" means money owed to the CHF BC member other than scheduled future payments towards the purchase of shares, current month's housing charges, or any other amount for which a repayment agreement with the member organization is in place and the terms of the repayment have not been breached.

_____

(Name of CHF BC Member Organization)

Per: _____

(Signature of duly authorized representative)

_____

(Name)

_____

(Title)

_____

(Date)

For more information, please call CHF BC at 604-879-5111 (toll-free at 1-866-879-5111), email members@chf.bc.ca or visit www.chf.bc.ca.