

## CANDIDATE'S DECLARATION AND CONSENT

### Board of Directors – Vancouver Island Director

I \_\_\_\_\_ declare that I am a candidate for the position of  
(Name of Candidate) Vancouver Island Director

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 Friday, October 18, 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.

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(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](mailto:members@chf.bc.ca) or visit [www.chf.bc.ca](http://www.chf.bc.ca).