AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.

2060 Walsh Avenue, Suite 101, Santa Clara CA 95050
Phone: 408-986-9786 Fax: 408-986-9787 Website: www.ameenhousing.com

MEMBERSHIP FORM (18+) Voting Member

MEMBERSHIP Form Needs to be Filled Out in Entirety With (*) Required

1. For Minors (under 18) Account, please use **"Custodial Account."**
2. If you plan to buy/refinance Home, please also fill out "**RFAL Form**" after becoming a member and waiting for six months
3. If you are filling this Form to update your record, please enter **Membership NO**. _____
4. Communication Preference EMAIL ☐ MAIL ☐ (Choose One)
5. MEMBERSHIP NO.**:** (If previously had an account): _____
6. Are you filling this Form to Convert a Custodial to Adult: Yes ☐ No ☐

PERSONAL INFORMATION

PLEASE TYPE OR PRINT:

*NAME:_____ *MALE: ☐ *FEMALE: ☐
(First) (Middle) (Last)

*ADDRESS: _____
(Number &Street) (City) (State) (Zip)

PHONE: (home)_____(Work):_____(Cell): _____

*EMAIL: (1)_____EMAIL: (2) _____

*SOCIAL SECURITY NO.:_____*DATE OF BIRTH: _____*DRIVERS LICENSE #_____
OR *TAX ID (M M / DD / YYYY) **OR *GOVERNMENT ISSUED ID**

*COUNTRY OF PERMANENT RESIDENCE:_____*CITIZENSHIP:_____*NO. OF DEPENDENTS: _____

*SPOUSE NAME:_____(Cell): _____
(First) (Middle) (Last)

EMPLOYMENT /BUSINESS INFORMATION

*PROFESSION:_____*EMPLOYER: _____

*BUSINESS.: _____*EMAIL: _____*(Cell): _____

*EMPLOYMENT /BUSINESS ADDRESS: _____
(Number &Street) (City) (State) (Zip)

EMERGENCY & BENEFICIARY CONTACTS

***EMERGENCY CONTACT:** _____*RELATIONSHIP**:** _____ *PHONE:_____
(First Name) (Last Name)

***NAME OF BENEFICIARY:** _____*RELATIONSHIP: _____ PHONE**:** _____

***BENEFICIARY EMAIL:** _____WANT TO ADD ADDITIONAL BENEFICIARIES**:** Yes ☐ No ☐
(USE SEPARATE PAGE)

PERSONAL REFERENCES:

(1) NAME:_____RELATIONSHIP: _____

EMAIL:_____CELL: _____

(2) NAME:_____RELATIONSHIP: _____

EMAIL:_____CELL: _____

CIRCLE WHERE AND/OR FROM WHOM DID YOU HEAR ABOUT AMEEN HOUSING CO OP (AHC)?
☐ A. PRESENTATION ☐ B. BROCHURE ☐ C. WEBSITE ☐ D. MASJID ☐ E. FRIEND ☐ F. OTHER; WHOM/WHERE?_____

PAYMENT INFORMATION

*MEMBERSHIP FEE: US$_____ (**US$100 NON-REFUNDABLE** FEE FOR MEMBERSHIP)

*PURCHASING SHARES FOR: US$ _____ (US$100 PER SHARE. **MINIMUM OF 20 SHARES REQUIRED)**

*US$ _____ (TOTAL AMOUNT ENCLOSED)

I HAVE READ THE REGULATIONS & BY-LAWS OF THE CO-OPERATIVE; I UNDERSTAND THEM AND AGREE TO FULLY ABIDE BY THEM. I UNDERSTAND THAT AHC PRIMARILY INVESTS FUNDS IN RESIDENTIAL HOMES AND I HAVE REVIEWED THE OFFICIAL FUND WITHDRAWAL POLICY ON THE BACK OF FUNDS WITHDRAWAL FORM. BY SIGNING THIS FORM. I AUTHORIZE AHC TO PERFORM SOFT CHECK.

SIGN HERE SIGN HERE

_____ _____
*Signature of Member *Date *Signature of Spouse Date

---------- ***FOR OFFICE USE ONLY*** ----------

DATE RECEIVED:_____AMOUNT RECEIVED: US$_____MEMBERSHIP NO. _____

THIS IS NOT A SOLICITATION TO BUY, SELL, AND/OR SOLICIT BUSINESS AND FINANCING FROM THE GENERAL PUBLIC.INVESTMENTS ARE RESTRICTED TO QUALIFIED AMEEN HOUSING CO-OP MEMBERS ONLY.