



# AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.

2072 Walsh Avenue, Suite B, Santa Clara CA 95050

Phone: 408-986-9786 Fax: 408-986-9787 Website: [www.ameenhousing.com](http://www.ameenhousing.com)

## MEMBERSHIP FORM (18+) Voting Member

- For Minors (under 18) Account, please use "Custodial Account Form"
- If you plan to buy/refinance Home, please also fill out RFAL Form.
- If you are filling this Form to update your record, please enter Membership 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.: \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
(MM/ DD/ YYYY)

COUNTRY OF PERMANENT RESIDENCE: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ NO. OF DEPENDENTS: \_\_\_\_\_

MEMBERSHIP NO.: (If previously had an account): \_\_\_\_\_

### EMPLOYMENT INFORMATION

PROFESSION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ PROFESSION \_\_\_\_\_  
(First) (Middle) (Last)

SPOUSE ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)

EMAIL: \_\_\_\_\_ (Cell): \_\_\_\_\_

NAME OF BENEFICIARY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(First) (Middle) (Last)

ADDRESS OF BENEFICIARY: \_\_\_\_\_ PHONE: \_\_\_\_\_

WANT TO ADD ADDITIONAL BENEFICIARIES: Yes  No  (USE SEPARATE PAGE)

### PERSONAL REFERENCES:

(1) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

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

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

### ----- FOR OFFICE USE ONLY -----

DATE RECEIVED: \_\_\_\_\_ AMOUNT RECEIVED: US\$ \_\_\_\_\_ MEMBERSHIP NO. \_\_\_\_\_