

## Eastwood Housing Co-operative

### Policy 501 Appendix 2

Applicant's name	
Date application received by Membership Committee	
Date of Membership meeting where application was discussed	
Follow up action required (i.e. references required, missing info)  **If contact cannot be made, indicate dates and methods used to try and contact.	
Date of interview	
Date of Membership Committee meeting where application was reviewed	
Date application given to Board	
Date of meeting where Board voted on application	
Date Board contacted applicant	