

La Morada Cooperativa Feminista d'habitatge SCCL

Carrer Jocs Florals 111, 1-4

F67526269

[lamoradacoop@gmail.com](mailto:lamoradacoop@gmail.com)

## REQUEST TO BECOME A COLLABORATIVE MEMBER OF THE COOPERATIVE

**To the attention of the Governing Council of La Morada Cooperativa Feminista d'Habitatge, SCCL**

Name and Surname(s):

Passport number:

Address:

Email:

Telephone number:

Postal code:

City (Country):

### EXPOSES

A) That I believe I meet the requested criteria as stated in the Social Statutes to become a collaborative member of La Morada Cooperativa Feminista d'Habitatge, SCCL

### REQUESTS

I) **To become a member with grant of use and consumer member and user of the Cooperativa Integral d'Habitatges i Consumidores i Usuàries La Morada Cooperativa d'Habitatge Feminista SCCL**, agreeing to comply with the rules as stated in the Social Statutes as well as the Internal Regulation Code, as well as committing to the agreements reached at the General Assembly and the Governing Council.

II) To make the following monetary contributions:

**x mandatory contribution: 100€**

**voluntary contribution: \_\_\_\_\_ €**

The total amount of the contribution will be the sum of the mandatory contribution and the voluntary contribution.

### IMPORTANT:

- The amount committed as contribution must be either deposited or transferred in a single payment to the following bank account, of which the cooperative is holder: *Triodos Bank* ES65 1491 0001 2830 0012 0613

- Please indicate name and surname of the soliciting member in the deposit or transfer concept.

**For the membership to become effective, you must send to [lamorada.contacte@gmail.com](mailto:lamorada.contacte@gmail.com) the following:**

*La Morada Cooperativa Feminista d'habitatge SCCL*

*Carrer Jocs Florals 111, 1-4*

*F67526269*

[lamoradacoop@gmail.com](mailto:lamoradacoop@gmail.com)

- **This document properly completed and signed.**
- **Photocopy of passport.**
- **Bank deposit or transfer receipt.**

And for the record, I sign this request in \_\_\_\_\_[city]\_\_\_\_\_, on \_\_\_\_\_[month, day, year]\_\_\_\_\_

[Signature]