



**MARY CAMPBELL CO-OPERATIVE INC.  
MEMBERSHIP COMMITTEE**

**PERSONAL INFORMATION PROTECTION  
STATEMENT**

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I/We understand that Mary Campbell Co-operative Inc. will use the information contained within this application to:

- Contact me/us about this application
- Determine my/our eligibility for housing and membership in Mary Campbell Co-operative Inc.
- Decide if I/we qualify for subsidy
- Decide on any request for an internal move

I/We understand that Mary Campbell Co-operative Inc. will destroy personal information that it no longer needs.

I/We have read and received a copy of this statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**All members of the household 16 years of age and older must sign this Personal Information Protection Statement and attached to the application form.**

Approval by Board of Directors  
January 24, 2004

