



AUBURN BAY RESIDENTS ASSOCIATION

REGISTRATION OF MEMBERS AND FAMILY MEMBERS INFORMATION

FULL NAME (VOTING MEMBER): _____

ADDRESS: _____

HOME E-MAIL ADDRESS: _____

HOME PHONE NO.: _____ CELL PHONE NO.: _____

FAMILY MEMBERS NAMES, SEX AND BIRTH DATES OF ALL CHILDREN UNDER THE AGE OF 18 FOR USE IN REGISTER OF FAMILY MEMBERS.

All members must provide proof of residency in order to obtain membership cards

FULL NAME (SPOUSE): _____

SEX: _____ BIRTHDATE: _____

FULL NAME: _____

RELATIONSHIP TO MEMBER (ABOVE): _____

SEX: _____ BIRTHDATE: _____

FULL NAME : _____

RELATIONSHIP TO MEMBER (ABOVE): _____

SEX: _____ BIRTHDATE: _____

FULL NAME: _____

RELATIONSHIP TO MEMBER (ABOVE): _____

SEX: _____ BIRTHDATE: _____

FULL NAME: _____

RELATIONSHIP TO MEMBER (ABOVE): _____

SEX: _____ BIRTHDATE: _____

If you require additional space, please list information on the back side of this form.

PLEASE NOTE THAT THE ARTICLES OF ASSOCIATION REQUIRE ALL MEMEBERS TO NOTIFY THE ADMINISTRATION OF AUBURN HOUSE OF ANY ADDRESS CHANGES.

Fax: 403-537-2605 or email programs@auburnbay.org