

Summerside Residents' Association

REGISTRATION OF MEMBERS AND FAMILY MEMBERS INFORMATION

INDIVIDUAL'S FULL NAME, AND CURRENT ADDRESS FOR USE IN REGISTER OF MEMBERS

FULL NAME (VOTING MEMBER): _____

ADDRESS: _____

PHONE NUMBER: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

LEGAL DESCRIPTION OF LOT: Plan _____, Block _____, Lot _____

FAMILY MEMBERS NAMES, SEX, AND BIRTH DATES OF ALL CHILDREN UNDER THE AGE OF 16 FOR USE IN REGISTER OF FAMILY MEMBERS AND MEMBERSHIP ACCESS.

FULL NAME (SPOUSE): _____

SEX: _____ BIRTH DATE: _____

FULL NAME: _____

RELATIONSHIP TO MEMBER (ABOVE): _____

SEX: _____ BIRTH DATE: _____

FULL NAME: _____

RELATIONSHIP TO MEMBER (ABOVE): _____

SEX: _____ BIRTH DATE: _____

FULL NAME: _____

RELATIONSHIP TO MEMBER (ABOVE): _____

SEX: _____ BIRTH DATE: _____

FULL NAME: _____

RELATIONSHIP TO MEMBER (ABOVE): _____

SEX: _____ BIRTH DATE: _____

IF YOU REQUIRE ADDITIONAL SPACE, PLEASE LIST INFORMATION ON THE BACK SIDE OF THIS FORM.