

SUMMERSIDE RESIDENTS' ASSOCIATION

REGISTRATION OF MEMBERS AND FAMILY MEMBERS INFORMATION

INDIVIDUALS' 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 BIRTHDATES OF ALL CHILDREN UNDER THE AGE OF 16
FOR USE IN REGISTER OF FAMILY MEMBERS AND MEMBERSHIP ACCESS

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 backside of this form