



CHAPPELLE GARDENS RESIDENTS ASSOCIATION

THE FOLLOWING INFORMATION IS REQUIRED FOR THE CHAPPELLE GARDENS RESIDENTS ASSOCIATION; REGISTRATION, ANNUAL FEE, BILLING, ADMINISTRATION, PROGRAMS AND EVENTS.

CHAPPELLE GARDENS STREET ADDRESS _____

PROPERTY INFORMATION LEGAL DESCRIPTION PLAN _____ BLOCK _____ LOT _____

HOME OWNER 1 FULL NAME _____

(VOTING MEMBER) PRIMARY PHONE NUMBER _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ M F
dd/mm/yy

HOME OWNER 2 FULL NAME _____

(IF APPLICABLE) PRIMARY PHONE NUMBER _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ M F
dd/mm/yy

NAME OF BUILDER _____

POSSESSION DATE _____

ADDITIONAL RESIDENTS IN THE HOUSEHOLD

Please complete chart for **all occupants** in your home to receive CGRA photo membership cards.

First Name	Last Name	Date of Birth (dd/mm/yy)	Relationship to Member (Adult/Parent/Child/Tenant)	Gender (M/F)

CGRA requires 2 pieces of ID and a copy of the Certificate of Title (proving home ownership), before a permanent Membership Card will be issued. This includes proof of address for any additional residents. We accept Alberta Health Cards for members between the ages of 12 to 16 years old.

Please note that the Articles of Association require Homeowners to notify the CGRA of all ownership changes. CGRA's Privacy Policy is in compliance with and adheres to Alberta's Personal Information Protection Act.

Disclaimer: By providing your email and phone number on this form, you consent to receiving notifications regarding Annual Fees, monthly newsletters and other notifications about the Chappelle Gardens Social House.

Please ensure all correspondence regarding Chappelle Gardens Residents Association is forwarded to:

Danielle Zarazun, Bookkeeper
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780-705-1815 | accounts@chappellegardensra.ca