MIDNAPORE LAKE RESIDENTS ASSOCIATION LTD.
185 MIDLAKE BLVD S.E.
CALGARY, ALBERTA T2X 1L2
Office: 256-0550
Fax: 254-5983

OFFICE HOURS: Monday to Friday 9:00am to 4:30pm
Extended office hours are available. Please call office for more information, these hours may vary

REGISTERED OWNER OR TENANT (please circle one):

NAME (S) _____ _____
FIRST NAME SURNAME

_____ _____
FIRST NAME SURNAME

ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____-_____ TELEPHONE: _____

EMAIL ADDRESS: _____

ADDITIONAL RESIDENTS:

NAME: _____DOB: _____ RELATIONSHIP:_____
MTH/ DAY/ YR

NAME: _____DOB: _____ RELATIONSHIP:_____
MTH/ DAY/ YR

NAME: _____DOB: _____ RELATIONSHIP:_____
MTH/ DAY/ YR

NAME: _____DOB: _____ RELATIONSHIP:_____
MTH/ DAY/ YR

NAME: _____DOB: _____ RELATIONSHIP:_____
MTH/ DAY/ YR

Any additional residents who are 21 years of age or older will be required to provide a drivers license for proof of residency before cards will be issued, and every two years thereafter.

I/ WE HEREBY APPLY FOR MEMBERSHIP IN THE MIDNAPORE LAKE RESIDENTS ASSOCIATION LTD. FOR THE ABOVE. WE AGREE TO ABIDE BY THE RULES AND REGULATIONS.

DATE: _____ SIGNATURE: _____

SIGNATURE: _____