



THE ORCHARDS
at Ellerslie

ORCHARDS RESIDENTS ASSOCIATION

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

****PLEASE PRINT****

HOMEOWNERS FULL NAME(S) 1. _____
2. _____

ORCHARDS STREET ADDRESS _____

PROPERTY INFORMATION LEGAL DESCRIPTION PLAN _____ BLOCK _____ LOT _____

CITY, PROVINCE _____

POSTAL CODE _____

HOME OWNER 1 PRIMARY PHONE NUMBER _____

EMAIL ADDRESS _____

DATE OF BIRTH _____ M F
month/day/year

HOME OWNER 2 PRIMARY PHONE NUMBER _____

(IF APPLICABLE) EMAIL ADDRESS _____

DATE OF BIRTH _____ M F
month/day/year

NAME OF BUILDER _____

POSSESSION DATE _____

PLEASE NOTE: Please ensure all correspondence regarding Orchards Residents Association is forwarded to:

Orchards Residents Association
Office Coordinator: Charmae Guevarra
7 days a week; 9:00am to 9:00pm
Phone number: 587-525-9640
Fax: 780-244-2195
Email: reception@orchardsra.ca

Please note that the Articles of Association require Homeowners to notify the Administrator of all ownership changes.

Orchards Residents Association's Privacy Policy is in compliance with and adheres to Alberta's Personal Information Protection Act. Please contact the Administrator for a copy.

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 Orchards Clubhouse.



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MEMBERS INFORMATION FORM

Please fill out this form for **all occupants** in your home to receive your Orchards Residents Association (ORA) photo membership card and have access to the Orchards Clubhouse and its amenities.

VOTING MEMBER (Name on Title):

First Name _____ Last Name _____

Address _____

E-Mail Address (required for online access): _____

Primary Phone Number _____ Alternate: _____

Date of Birth _____ M F
DD/MM/YY

The Orchards Residents Association will require two (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 names being added on to the form. We accept Alberta Health Cards for members between the age of 12 to 16 years old.

ADDITIONAL RESIDENTS IN THE HOUSEHOLD

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

ORA Clubhouse

7 days a week; 9:00am to 9:00pm
4059 Orchards Drive SW, T6X 1W5

Phone number: 587-525-9640
Email: reception@orchardsra.ca

Photo membership cards are required for all members aged 12 and older. Children aged 12-17 must come with a parent or guardian to receive their first membership card.