

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

ORCHARDS STREET AD	DDRESS				
PROPERTY INFORMAT	ION LEGAL DESCRIPTIO	N PLAN	BLOCK	LOT	
HOME OWNER 1	FULL NAME				
(VOTING MEMBER)	PRIMARY PHONE NUMBER				
	EMAIL ADDRESS			<u></u>	
	DATE OF BIRTH month/day/year				
		month/day/year			
HOME OWNER 2	FULL NAME				
(IF APPLICABLE)	PRIMARY PHONE NUMBER				
	EMAIL ADDRESS				
	DATE OF BIRTH				
		month/day/year			
NAME OF BUILDER					
POSSESSION DATE					
-	TS IN THE HOUSEHOLD for all occupants in you		a photo members	hip cards.	
First Name	Last Name	Date of Birth (dd/mm/yy)	Relationship	•	Gender (M/F/Other)

ORA 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. 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 card.

Please note that the Articles of Association require Homeowners to notify the ORA 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 ORA 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.

Please ensure all correspondence regarding Orchards Residents Association is forwarded to: 4059 Orchards Drive SW, Edmonton, AB, T6X 1W5

Phone: 587-525-9640 | Email: adminsupport@orchardsra.ca