



Date Received: _____

Date Entered: _____

Profile Update

www.cranston-connect.com

CRANSTON RESIDENTS ASSOCIATION

Property Address:

Street: _____

City: Calgary Province: Alberta Postal Code: _____

Primary Contact (Name on Title):

First Name: _____ Last Name: _____ Gender: __ M __ F

Additional Owner (Name on Title):

First Name: _____ Last Name: _____ Gender: __ M __ F

Mailing Address:

Street: _____

City: _____ Province: _____ Postal Code: _____

Contact information:

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ Yes I would like to receive the eNewsletter

By checking yes on this form I agree to receive the Cranston Residents Association (CRA) eNewsletter containing news, updates and promotions regarding all CRA activities. I understand that I can withdraw my consent at any time by clicking on the "unsubscribe" button of any eNewsletter.

Additional residents in household

First Name	Last Name	Date of Birth (dd/mm/yy) (if under 18 yrs old)	Role in Household (Adult/Parent/Child)	Gender (M/F)

Property Manager (if applicable)

Property Manager/Company: _____

Street: _____

City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ Email: (____) _____

Please send all correspondence to the Property Manager.

Please send a Transfer of Privileges form to the Property Manager to complete on my behalf.

As the Primary Contact I certify that the information on this form is current as of _____ date.