



Membership Card Application

www.cranston-connect.com

CRANSTON
RESIDENTS ASSOCIATION

Residential Address: _____

City: ___ Calgary ___ Province: ___ AB ___ Postal Code: _____

Primary Contact (Name on Title):

First Name: _____ Last Name: _____

Gender: ___ M ___ F

Mailing Address (if different):

Street: _____

City: _____ Province: _____ Postal Code: _____

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

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

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)

Proof of Residency (both required):

___ Certificate of Land Title (Property Owner)

___ Photo ID with proof of address included (Tenant)

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.

Century Hall Use Only
 Active Profile completed: (date) _____
 Verified C.O.T: ___ YES ___ NO
 P: _____
 L: _____
 B: _____
 Printed Membership Card: (date) _____