



Membership Card Application

www.cranstonra.ca

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: _____

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)

Due to the unusually long wait for Titles at this time,, you may come in to get your membership card without this document. However, we require that you bring in a copy when you do receive it.

___ Photo ID with proof of address

Photo membership cards are required for all members aged 10 and older. Children aged 10-17 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) _____

Rev: 14/09/2022