



Date Received: _____

Date Entered: _____

Profile Update

www.cranstonra.ca

CRANSTON RESIDENTS ASSOCIATION

Property Address:

Street: _____

City: Calgary Province: Alberta Postal Code: _____

Primary Contact (Name on Title):

First Name: _____ Last Name: _____

Additional Owner (Name on Title):

First Name: _____ Last Name: _____

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) |
|------------|-----------|---|---|-----------------|
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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

Rev. 09/22