

TRCA MEMBERSHIP APPLICATION

HOMEOWNER(S) INFORMATION

Name of Home Owner(s):		
E-mail(s):	Cell #(s):	Home #:
Address:		
City:	Province:	Postal Code:
Possession Date:	Owner(s) in Residence? YES NO	Property Managed: YES NO

RENTER(S) INFORMATION (if applicable)

Name(s):		
Cell #:		Home#:
City:	Province:	Postal Code:
Name(s):		
Cell Phone:		Home #:
City:	Province:	Postal Code:

CHILDREN (+16 years of age) LIVING AT THE ABOVE ADDRESS IF AMENITIES PRIVILEGES DESIRED

Name:	Age:
Email:	Phone#:
Name:	Age:
Email:	Phone#:

SIGNATURES

I authorize TRCA to contact me (and/or others listed on this form) electronically or by other means as necessary.

Signature of applicant(s):	Date
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