



**The Grange Homeowners Association
Contact Information Form**

**FOR MORE INFORMATION ON THE GRANGE HOMEOWNERS ASSOCIATION
PLEASE VISIT THE WEBSITE AT:
www.thegrangecommunity.ca**

Address including unit number if applicable: _____

Account Number: _____

(Please contact agnes@ayreoxford.com if you do not know your account number, as you will require this information to make your annual Association Fee payments)

Purchase Date: _____

Contact information

Owner Name(s): _____

Home Phone No.: _____ Mobile No.: _____

Offsite Mailing Address (if you do not reside at the above noted address):

****Anti-Spam Email Legislation Consent: By providing my email address I am granting permission for Ayre & Oxford Inc. to email me regarding the Grange Homeowners Association.****

Email: _____

The information requested is for our records only. In order to ensure confidentiality to all Owners, site staff has been instructed not to provide personal information contained in our files.

Once completed, please sign and return the form attention to:

**The Grange Homeowners Association
C/O Ayre & Oxford
#203, 13455 - 114 Avenue NW
Edmonton AB T5M 2E2
P:780-448-4984 ~ F: 780-448-7297**

Email: agnes@ayreoxford.com

Signature: _____

Signature: _____

Date: _____

Date: _____



REGISTRATION OF MEMBERS AND FAMILY MEMBERS INFORMATION

INDIVIDUALS FULL NAME, AND CURRENT ADDRESS FOR USE IN REGISTER OF MEMBERS

FULL NAME (VOTING MEMBER): _____

ADDRESS: _____

PHONE NUMBER: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____

LEGAL DESCRIPTION OF LOT: _____ UNIT PLAN# _____

FAMILY MEMBERS NAMES AND BIRTH DATES OF ALL CHILDREN UNDER THE AGE OF 16 FOR USE IN REGISTER OF FAMILY MEMBERS AND MEMBERSHIP ACCESS.

FULL NAME (SPOUSE): _____

BIRTH DATE: _____

FULL NAME : _____

RELATIONSHIP TO MEMBER (ABOVE): _____

BIRTHDATE: _____

FULL NAME : _____

RELATIONSHIP TO MEMBER (ABOVE): _____

BIRTHDATE: _____

FULL NAME : _____

RELATIONSHIP TO MEMBER (ABOVE): _____

BIRTHDATE: _____

FULL NAME : _____

RELATIONSHIP TO MEMBER (ABOVE): _____

BIRTHDATE: _____

IF YOU REQUIRE ADDITIONAL SPACE, PLEASE LIST INFORMATION ON THE BACK SIDE OF THIS FORM.