



RESIDENTS  
ASSOCIATION

# Members Information Form

AuburnBayRA.ca

Full Name (Voting Member): \_\_\_\_\_ Pronouns (optional): \_\_\_\_\_

Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

***To obtain permanent membership cards, you will need to show us a copy of your Certificate of Title. All members 16+ must provide Government issued photo ID WITH the Auburn Bay Address on it.***

Full Name: \_\_\_\_\_ Pronouns (optional): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
(If under 18 years of age)

Full Name: \_\_\_\_\_ Pronouns (optional): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
(If under 18 years of age)

Full Name: \_\_\_\_\_ Pronouns (optional): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
(If under 18 years of age)

Full Name: \_\_\_\_\_ Pronouns (optional): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
(If under 18 years of age)

Full Name: \_\_\_\_\_ Pronouns (optional): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_  
(If under 18 years of age)

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***If you require additional space, please list information on the back side of this form. Please note that the articles of Association require that all members notify the administration of Auburn House of any address***