

Membership Information Update Form

Date: _____

Building number: _____ Unit: _____

Section 1: Occupants

1. Please list everyone who lives in your unit in the chart below including yourself.

First Name	Last Name	Date of Birth (Month/Day/Year)	Relationship
<i>Eg: John</i>	<i>Doe</i>	<i>January 1, 1901</i>	<i>Member</i>

Section 2: Contact Information

1. Home Phone: _____

2. If the office needs to contact your household by phone please list the phone number of your household and anyone in your household with a cell phone/alternative phone number.

Name	Phone number

Note: it is important for the Co-op office to know if you have pets in the event of an emergency we can share this with emergency responders.

Section 6: Buzzer number

1. Please list your buzzer code and the telephone number you would like connected to your buzzer code. _____
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Section 7: Additional Information

1. Do you have Contents/Renter's Insurance? Yes No
2. Does anyone in your unit use any of the following:
 - a. Walker
 - b. Wheelchair
 - c. Scooter
 - d. Crouches
3. Is there anyone in your unit who is visually impaired? Yes No
If yes, who?
4. Does anyone in your unit use an oxygen machine? Yes No
If yes, who?
5. Please list your household's combined monthly income. _____

3. Email Contact

If anyone in your household would like to receive correspondence from the Co-op by email, please list their name and email address below.

Name	Email

Section 3: Vehicles

1. Please list all of your vehicles below

Year	Make	Model	License Plate	Parking Space #

Please note, vehicles that are parked in the members' parking spaces that are not registered with the Co-op office and displaying a properly decal issued from the Co-op office will receive a parking ticket.

All vehicles parked on Co-op property must be properly registered with the Province of Ontario and Insured by its owner at the owner's expense.

Section 4: Lockers

1. Please list your locker number. _____

Section 5: Pets

1. Please list your pets.

Type	Colour	Name