

## **ADD A NEW FAMILY MEMBER FORM**

Please fill out this form for **all new occupants** in your home to receive their Clubhouse photo membership card and have access to the Orchards Clubhouse and its amenities.

First Name		Last Name		
Address				
E-Mail Address (r	equired for online acc	ess):		
Primary Phone Number		Alternate:		
Date of BirthDD/MM/YY		M		
	of address for any add for members betwee	litional names being ad en the age of 12 to 16 y	embership Card will be issued. Ided on to the form. We accept Al ears old with a student ID card.	lberta Health C
NEW FAMILY ME	MBERS IN THE HOUS			1 .
First Name	Last Name	Date of Birth (dd/mm/yyyy)	Relationship to Member (Spouse/Parent/Child/Tenant)	Gender (M/F/Other)
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## **ORA Clubhouse**

7 days a week; 9:00am to 9:00pm 4059 Orchards Drive SW, T6X 1W5

**RESIDENT MEMBER (Name on Title):** 

Phone number: 587-525-9640 Email: ambassador@orchardsra.ca

Photo membership cards are required for all members aged 12 and older.
Children ages 12-16 must come with a parent or guardian to receive their first membership card.

**Disclaimer:** By providing your email and phone number on this form, you consent to receiving notifications regarding Annual Fees, monthly newsletters and other notifications about the Orchards Clubhouse.