



Owners Registration Form

Please return form via email to info@arburlake.com or fax to 403-547-8770 accompanied with the Certificate of Land Title. **A valid drivers license with the Arbour Lake address is required for lake cards to be printed for any member over the age of 16 years.**

Address _____	Possession Date _____
Cell Phone _____	Secondary Phone _____
Email _____	
Would you like to receive email updates on programs and events at the lake? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Home Owners Names (as listed on land title) *Must provide drivers license with Arbour Lake address	
Name _____	Birthdate _____
Name _____	Birthdate _____
Other Residents Names (not listed on land title) *Must provide drivers license with Arbour Lake address if 16 years or older.	
Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____
Name _____	Birthdate _____
Is this your primary residence? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please provide your BILLING ADDRESS below.	
Address _____	
City _____	Postal Code _____
Are you renting your property out? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, PLEASE FILL OUT A RENTERS ACCESS FORM	
I _____ declare that the above information is accurate as of _____	
(HOME OWNER'S NAME)	(DATE)
and that all names listed reside in the property full time. _____	
(HOME OWNERS SIGNATURE)	

Privacy Policy

By filling out the above information, you as a resident give consent to Arbour Lake Residents Association Ltd., to use your information for registration and identification purposes only. We ensure you we do not sell or distribute your personal information unless it is requested by law.

Received by ALRA office staff _____ Date _____

Card(s) Printed by Manager: _____ Signature _____ Date _____