

# MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

Province:

ZIP Code:

Own    Rent    *(Please circle)*

Email Address:

## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

Province:

ZIP Code:

Relationship:

## SPOUSE/PARTNER INFORMATION

Name:

Date of birth:

Phone:

## SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant:

Date:

- I agree to receive information from the ODFA through e-mail or other forms of contact.
- Please do not send me information from the ODFA through e-mail or other forms of contact.