

Winkleigh Co-operative Housing Corp.

2023 MEMBER INFORMATION FORM

UNII #				
MEMBER NAME				
PRIMARY CONTACT NU	MBER			
ALTERNATE CONTACT	NUMBER			
EMAIL				
	use of management as or permission.	an alternative to	o paper correspondence and will	
Name	Relationship	to you	Phone #	
Please list all people liv	ing in your unit (inclu		d guests) Status	
First and Last Name	Relationship to yo	ou birtii bate	☐ Member	
			Registered Long-term guest	
			☐ None ☐ Member	
			☐ Member☐ Registered Long-term guest	
			□ None	
			☐ Member	
			☐ Registered Long-term guest	
			□ None □ Member	
			☐ Registered Long-term guest	
			□ None	
			☐ Member	
			☐ Registered Long-term guest	
			None	
			☐ Member	
			☐ Registered Long-term guest☐ None	
			☐ Member	
			☐ Registered Long-term guest	

	Type (cat/dog/ etc)	Colouring (descript	tion)	Age
Vehicle Colour	Make	Model	License P	late #
Verneie Golodi	Wake	Widder	LICCHSCT	ιαιο π
Emergency Informa	ation			
	r unit need assistance le	aving your unit in cas	se of an emergency	ı?
YES NO _	Details			
Does anyone in youl alarm?	r unit have hearing probl	ems that prevent the	m from hearing a s	moke
	Details			
YES NO _				
Does anyone in you	r unit have visual probler	ms that would prever	nt them from leaving	g your un
Does anyone in you n an emergency?	r unit have visual probler Details	·		
Does anyone in you n an emergency? YES NO _	·			
Does anyone in youing an emergency? YES NO Does anyone in youi	Details	er breathing equipme	nt?	
Does anyone in your in an emergency? YES NO _ Does anyone in your	Details r unit use oxygen or othe	er breathing equipme	nt?	
Does anyone in your in an emergency? YES NO Does anyone in your NO YES NO Are there any other a	Details r unit use oxygen or othe Name accommodation requests	er breathing equipme	ent?	
Does anyone in your in an emergency? YES NO Does anyone in your YES NO Are there any other a	Details r unit use oxygen or othe Name	er breathing equipme s we should be awar	e of?	

Date _____