



APPLICATION FOR ACTIVE AND ASSOCIATE MEMBERSHIP

Complete application, print, copy and direct to:
By fax: 905-829-1594. By email (scan): maureen@orcaretirement.com
Call 1-888-263-5556 for assistance

Name of Residence: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Suite Count: _____

Web site: _____ General Email: _____

Administrator: _____ Email: _____

Yes, I agree to receive important email communication from ORCA
(this could include information regarding changing legislation, operations bulletins, breaking news, newsletters and event details)

No, I do not wish to receive important email communications from ORCA.
(this could include information regarding changing legislation, operations bulletins, breaking news, newsletters and event details)

Active Membership (RHRA defined)

Associate Membership

Type of License: _____

Communications will be sent to the residence and the owner/management company. Please provide us with the following information:

Owner: _____ Management Co: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Contact: _____ Contact: _____

Title: _____ Title: _____

Fee for Active/Associate Membership \$ _____ (\$28 per suite per year)

Method of payment: Cheque VISA MC

Card No: _____ Expiry Date: _____

Card Holder's Name: _____

Card Holder's Signature: _____