SYMONS GATE
HOMEOWNERS ASSOCIATION

# PROFILE UPDATE

**Property Address:**
Street: _____
City: Calgary Province: Alberta Postal Code: _____

**Primary Contact (Name on Title):**
First Name: _____ Last Name: _____

**Additional Owner (Name on Title):**
First Name: _____ Last Name: _____

**Mailing Address:**
Street: _____

City: _____ Province: _____ Postal Code: _____

**Contact information:**
Home Phone: (____) _____ Cell Phone: (____) _____

E-mail: _____ ☐ Yes I would like to receive emails from SGHOA

*By checking yes on this form I agree to receive the Symons Gate Homeowners Association (SGHOA) eNewsletter containing news, updates and promotions regarding all SGHOA activities. I understand that I can withdraw my consent at any time by clicking on the "unsubscribe" button of any eNewsletter.*

**Additional residents in household**

| First Name | Last Name | Date of Birth (dd/mm/yy) (if under 18 yrs old) | Role in Household (Adult/Parent/Child) | Gender (M/F) |
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**Property Manager (if applicable)**
Property Manager/Company: _____
Street: _____
City: _____ Province: _____ Postal Code: _____
Phone: (____) _____ Email: (____) _____

☐ Please send all correspondence to the Property Manager.

☐ Please send a Transfer of Privileges form to the Property Manager to complete on my behalf.

As the Primary Contact I certify that the information on this form is current as of _____.
date