

**MEMBERSHIP CONTACT INFORMATION** (1/2023)

Please complete and return this form to the Association office via mail, or email.

**A.**

Owners' Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Owners' Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mobile # \_\_\_\_\_ E-mail: \_\_\_\_\_

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**I consent to receive Gateway communication via email.**

**B.**

Tenants' Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Tenants' Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

Tenants' Name: \_\_\_\_\_ Unit No.: \_\_\_\_\_

**Current Lease Period:**

Mobile # \_\_\_\_\_ E-mail: \_\_\_\_\_

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**I consent to receive Gateway communication via email**

**C. Property Management Contact:**

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**I consent to receive Gateway communication via email**

**D. Emergency contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**I consent to receive Gateway communication via email**

Additional information or instructions:

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