



MEMBER INFORMATION UPDATE FORM

Important: Please make sure that information is complete and accurate. Fields marked with asterisk (*) are required.

A: MEMBER'S INFORMATION:

1. Homeowner's name*:

(Last) (First) (Middle)

2. Property address*:

(House No.) (Street) (Alley, if applicable)

3. Mailing address: *

Check if same as above

(Street address/P.O. Box) (City) (Province)

4. Home telephone*:

E-mail address*:

5. Mobile phone*:

Check only if you do not want this number to be registered in Zing

6. Date of birth:

(Month) (Day) (Year) Present age:

7. Spouse name, if applicable:

Contact number:

8. In case of emergency*:

Contact number*:

B: DEPENDENTS (Legal age only. Do not include minors):

1. Full name

Relationship

Living in residence?

() Yes () No

() Yes () No

() Yes () No

() Yes () No

() Yes () No

B: PROPERTY INFORMATION:

1. (a) C-Code: C- (b) Phase: (c) Block: (d) Lot:

2. Name on TCT:

3. Name of Representative (if corporation or several owners):

4. (a) Is property currently being leased? () Yes () No (b) Name of Lessee:

5. (a) Lessee Mobile Phone: (b) Lessee E-mail Address:

PRIVACY POLICY NOTICE

By submitting this form and providing us with any personal data, you give your explicit consent that all personal data that you submit may be processed by us in the manner and for the purposes according to AAVA Privacy Policy and in compliance with the Data Privacy Act of 2012.

 Member/Resident Printed Name & Signature

 Date