Date Received: _____

APPLICATION FOR LODGE RESIDENCY

☐ ASPEN RIDGE	DIDSBURY	Box 2290 Didsbury, AB T0M 0W0
☐ CHINOOK WINDS LODGE	CARSTAIRS	Box 1030 Carstairs, AB T0M 0N0
☐ FOOTHILLS LODGE	SUNDRE	Box 840 Sundre, AB T0M 1X0
☐ MOUNT VIEW LODGE	OLDS	5238-50 Street Olds, AB T4H 1N7

Please indicate 1st and 2nd Lodge Choice by entering numbers in the box

NAME: _____
Surname First Initial

ADDRESS: _____

PHONE #: (____) _____ **DATE OF BIRTH:** _____

ALTERNATE CONTACTS/RESPONSIBLE FOR RESIDENT:

NAME : _____ **RELATIONSHIP:** _____

ADDRESS: _____
Street City Province Postal code

PHONE. #: HOME: (___) _____ **BUSINESS:** (____) _____

NAME : _____ **RELATIONSHIP:** _____

ADDRESS: _____
Street City Province Postal code

PHONE. #: HOME: (___) _____ **BUSINESS:** (____) _____

Prior to Admission, a Medical Examination Report will be required.

_____ _____
DATE **Signature of Applicant**

Administration Use Only

Priority Rating Interview Date: _____

Applications will be kept on file for one year unless contact has been made by the Applicant or MVSH