



# Imatari Otuho Community Association

Unit 210, 2949 17<sup>th</sup> Avenue SE | Calgary, AB T2A 0P7

## DEPENDANTS REGISTRATION FORM

MEMBER DETAILS		
TITLE	SURNAME	
GIVEN NAMES		MEMBERSHIP ID
DEPENDANT (S) DETAILS		
FIRST & LAST NAMES	RELATION TO MEMBER	BIRTH DATE

### DECLARATION TO IMATARI OTUHO COMMUNITY ASSOCIATION (IOCA)

I wish to register the person/s listed above whom I consider to be dependant on me. I understand that completion of this form is for the purpose of accessing IOCA membership privileges only and is in no way to be used as a legal document. If I have previously completed such form, this, when received, replaces it.

SIGNATURE	DATE
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### WITNESSED BY (IOCA Official)

NAME	SIGNATURE
POSITION	MEMBERSHIP ID