



MEMBER INFORMATION			
Registered Owner:			Customer No.
Mailing Address:			
City:	State/Prov:	Postal:	Country:
Telephone:	Fax:	Email*:	
*Please note, your email address will be used for administrative purposes only and will be not be shared with anyone.			
<input type="checkbox"/> I would like to receive information about Sun Peaks Mountain Resort Association (SPMRA). This includes meeting notices and meeting minutes.		<input type="checkbox"/> I would like to receive paperless billing. <input type="checkbox"/> I would like to be part of the group communications list. This includes press releases, events and community updates.	
PROPERTY INFORMATION			
Complex:	Strata:	Unit#	Occupancy Date:
Management Company:		# of Bedrooms	
<input type="checkbox"/> Rented more than 28 days per fiscal year		Unit has yes no enclosed den: <input type="checkbox"/> <input type="checkbox"/>	Unit has yes no open loft: <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Principal Residence of Registered owner			
<input type="checkbox"/> Made available for rent less than 28 days per fiscal year			
<input type="checkbox"/> Rented on a month to month basis		Tenants: Employer:	
If your unit does not contain an auxiliary suite please skip this section.			
<input type="checkbox"/> Unit has an auxiliary dwelling unit		Number of Bedroom:	
An auxiliary or lockout suite is a standalone suite with its own private entrance connected to the main dwelling by a locking door and can be used separately from the main residential dwelling unit.		<input type="checkbox"/> Rented more than 28 days	
		<input type="checkbox"/> Principal Residence of registered owner	
		<input type="checkbox"/> Rented on a month- to- month basis	Tenant:
		Employer:	
This form is what designates how your quarterly fees will be assessed. Until this form is returned, your property will be assessed at maximum.			
Please return this completed form to Tourism Sun Peaks at the address listed below or via e-mail to admin@sunpeakstourism.com . Should your mailing address or usage of space change, please notify the office within 7 days of the said change.			
Signature of Registered Owner		Please mail to:	
Date		Tourism Sun Peaks #13 – 3250 Village Way Sun Peaks, BC V0E 5N0 Phone: 250-578-5380 Fax: 250-578-2552	