Pembina Woods Housing Co-op Ltd.

100-81 University Crescent, Winnipeg Manitoba R3T 4W9 204-269-2354



MASTER INFORMATION UPDATE FORM

(For Members of Pembina Woods Housing Co-op Ltd.)

*Please complete this form to update your household information. All information is kept confidential and used only for Co-op administration purposes.

This form must be completed and returned to the Co-op Office no later than August 31, 2025. Failure to submit updated information may create serious safety risks during an emergency evacuation.

SECTION 1: HOUSEHOLD INFORM	_		
Primary Member Name:			
Co-Occupant/Other Adult			
Unit Number:			
Move-in Date:			
SECTION 2: CONTACT INFORMAT	ION		
Home Phone:		-	
 Cell Phone(s): 			
Work Phone(s):			
Email(s):			
Preferred Contact Method (check	one):		
□ Phone □ Email □ Mail			
SECTION 3: HOUSEHOLD MEMBE	RS		
(Please list all members of your ho		hildren)	
•	· · · · · · · · · · · · · · · · · · ·	· ·	.+ /\/ /NI\
Full Name Date of Birth Relation	snip to iviember Em	ergency Contac	t (Y/N)
SECTION 4: VEHICLE INFORMATION)N		
(If applicable)	,,,		
	Model	Year	License Plate
Vehicle #1: MakeVehicle #2: Make	Model	Year	License Plate
 Parking Stall Number(s): 			
SECTION 5: EMERGENCY CONTAC	CTS		
Full Name Relationship Phone N	umber Alternate Nu	mber	
·			
SECTION 7: MEMBER SIGNATURE			
		ate and up to d	ate. I understand that it is my responsibility to
notify Pembina Woods Housing Co		•	ate. I anderstand that it is my responsibility to
Signature:			
Jigilatal C	Date.		
For Office Use Only:			
Updated By:	Date Recei	ved:	
			