



Chalmers Lodge



1450 West 12th Ave., Vancouver, B.C., V6H 1M9, Tel: 604-731-3178, Fax: 604-731-3140

Application for Residency

(This application has two pages. Please complete both pages).

Name: _____
Last First Mr/Mrs/Miss/Ms.

Address _____

Telephone: _____ Fax: _____ Cel: _____

Date of Birth _____ Marital Status _____
Day Month Year

B.C. Care Card No. _____ S.I.N. _____

Your Family Physician _____ Telephone: _____

Name and Number of additional Health Insurance _____

Whom should we contact in case of emergency: _____

Relationship: _____ Telephone No. _____

Name of your Power of Attorney (If you have one) _____

Telephone No of Power of Attorney _____

Family Members

Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

To check my references, the Lodge is hereby authorized to contact the following persons

Name	Address	Telephone
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_____	_____	_____
_____	_____	_____

Additional Information

My average monthly income is _____

Make and Model of my Vehicle _____ License Plate _____

My hobbies and special interests are _____

Profession/Job during working life _____

Country of birth and first language spoken _____

Citizenship _____ Resident of B.C. since _____

I hereby make an application to be accepted as a resident of Chalmers Lodge upon and subject to all terms, covenants and conditions contained in the Residency Agreement which I have read and thoroughly understood, and all rules and regulations of the Lodge of which I shall from time to time have notice.

It is understood that all particulars contained in this application form and all other documents, letters, medical reports, receipts and other writings in regard to this application, and my eventual residence in the Lodge will be at all times kept secret by the officers of the Foundation and the contents divulged to no persons other than the Directors and authorized staff members.

Dated at Vancouver, British Columbia this: _____ day of _____ 200

Signature of Applicant

Chalmers Foundation

Note: Applicants are requested to notify the Foundation forthwith of any change of address between date of application and actual occupancy.