



MEMBER INFORMATION

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|-------------------|-------------|-------------|--------------|
| Registered Owner: | | | Customer No. |
| Billing address: | | | |
| City: | State/Prov: | Postal/zip: | Country: |
| Telephone: | | Cell: | |
| Email*: | | | |

***Please note, your email address will be used for administrative purposes only and will be not be shared with anyone. All Sun Peak Mountain Resort Association correspondences; including meeting notices, billing, press releases, events and community updates will be sent to the email provided.**

PROPERTY INFORMATION

| | | |
|--|---|--|
| Property Address: | Unit# | Occupancy Date: |
| Complex: | # of Bedrooms | |
| <input type="checkbox"/> Made available for nightly rental, more than 28 days per fiscal year | Unit has enclosed den: yes no <input type="checkbox"/> <input type="checkbox"/> | Unit has open loft: yes no <input type="checkbox"/> <input type="checkbox"/> |
| <input type="checkbox"/> Personal use only (Properties registered with an owner use rental covenant are subject to both common and Business fees) | | |
| <input type="checkbox"/> Principal Residence of Registered owner (Primary Residence not Personal use) | | |
| <input type="checkbox"/> Rented by a "TSP" member employee or full-time SunPeaks residence on an annual term, 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"/> Made available for rent more than 28 days per fiscal year | |
| | <input type="checkbox"/> Principal Residence of registered owner | |
| | <input type="checkbox"/> Rented on a month- to- month | 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 billing address or usage of space change, please notify the office within 7 days of the said change.

| | |
|-------------------------------|--|
| Signature of Registered Owner | Return to Tourism Sun Peaks office #13 – 3250 Village Way Sun Peaks, BC V0E 5N0 Phone: 250-578-5380 Fax: 250-578-2552 Email: admin@sunpeakstourism.com |
| Date | |