

**Consolidated Co-ops
of Scottsdale East, Inc.**

8151 E. GARFIELD ST.
SCOTTSDALE, ARIZONA 85257
PHONE (480) 947-3941
FAX (480) 947-6553

MEMBER REGISTRATION

Member(s) of Record _____ Unit # _____

Locker Number & Location _____ Parking Space # _____

Home Phone _____ Work Phone _____ Cell _____

Please list full name(s) of all residents in your unit (not periodic guests):

NAME	RELATIONSHIP	DOB

In case of an Emergency, please notify:

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone Number(s) _____

Please list any special medical conditions in your household that Management or emergency personnel should be aware of _____

If you are residing here during certain months of the year, please complete the following:

Month's here _____

Summer address _____

City _____ State _____ Zip _____

Member(s) Signature _____

Date _____