



The Gorge View Society

Affiliated with VICTORIA PRESBYTERY of the UNITED CHURCH OF CANADA

#11 Chown Place Victoria, BC V9A 1H5 Website: gorgeviewsociety.bc.ca
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NAME: _____

CONTACT #: _____

SIN #: _____

Please PRINT

APPLICATION FOR ADMITTANCE

SURNAME: _____ FIRST NAMES: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CITIZENSHIP : _____

MARITAL STATUS: SINGLE ? MARRIED ? WIDOWED ? SEPARATED ? DIVORCED ?

SPOUSE'S INFORMATION (COUPLES ONLY): NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF MARRIAGE: _____ CITIZENSHIP: _____

PRESENT ADDRESS: _____ PHONE: _____

LANDLORD (IF RENTING): _____ PHONE: _____

TIME AT PRESENT ADDRESS: _____ IN B.C.: _____ IN CANADA: _____

PREVIOUS ADDRESS: _____ LANDLORD: _____

RELIGIOUS AFFILIATION: _____ SMOKE: _____ ALCOHOL: _____

FAMILY DOCTOR: _____ ADDRESS: _____ PHONE: _____

FUNERAL HOME DESIGNATED: _____

EMERGENCY CONTACT (NEXT OF KIN): NAME : _____

RELATIONSHIP: _____ ADDRESS: _____ PHONE: _____

PERSON WHO WILL AGREE TO TAKE CHARGE SHOULD IT BECOME NECESSARY TO REMOVE FROM GORGE VIEW DUE TO ILL HEALTH (PHYSICAL OR MENTAL): NAME: _____

RELATIONSHIP: _____ ADDRESS: _____ PHONE: _____

INCOME—TOTAL MONTHLY & SOURCE: _____

OAP / CP / RIF / PENSIONS / INTEREST / ETC.

TOTAL YEARLY INCOME (ATTACH TAX FORM): _____

ASSETS (HOME / AUTO / RSP / BONDS / BANK): _____

PLEASE PROVIDE THREE (3) REFERENCES: (NEIGHBOURS, LANDLORDS, ETC.—NOT FAMILY)

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

IN MAKING APPLICATION TO GORGE VIEW I WILL UNDERTAKE, IF ACCEPTED, TO:

A. COMPLY WITH ESTABLISHED RULES AND CONDITIONS OF ADMISSION AND SOCIETY;

B. ADVISE THE SOCIETY IN WRITING OF ANY CHANGE IN INCOME.

ATTACHMENTS: PROOF OF INCOME – MOST RECENT **INCOME TAX ASSESSMENT FORM AND**
PHYSICIAN-COMPLETED MEDICAL FORM. **PLEASE RETURN TO OFFICE AT 11 CHOWN PLACE.**

SIGNED: _____ / _____ **DATE:** _____