

STRATA/CONDO VOLUNTEERS & BOARD MEMBERS
MEDICAL BENEFITS APPLICATION

1. BROKERAGE INFORMATION:

Brokerage:

Broker: Number: Email:

2. STRATA/CONDO INFORMATION:

Name of Strata/Condo:

Address of Strat/Condo:

Number of units in Strata/Condo:

Number of volunteers:

Any additional info:

Signature:

Date: