

Member/Tenant/Dependent Registration Form

Please print clearly. Fields with an asterisk (*) are required.

*Section/Lot: _____/_____

*Member/Tenant Name: _____

*Circle One: M F Date of Birth: _____

*Spouse/Co-Owner/Co-Tenant Name: _____

*Circle One: M F Date of Birth: _____

*Mailing Address: _____

*Home Phone Number: _____ Cell phone Number: _____

*Email Address: _____

Dependents Living In Residence: 18 years or younger **OR** full-time students up to 22 years **OR** anyone legally handicapped & legally dependent upon the Member/Tenant.

<u>*Name</u>	<u>*Circle One</u>	<u>*Date of Birth</u>
1. _____	M F	_____
2. _____	M F	_____
3. _____	M F	_____
4. _____	M F	_____
5. _____	M F	_____
6. _____	M F	_____

OPTIONAL - Additional information that may help the Association better serve your needs.

A. Emergency contact information: _____

B. Organizations you are involved in: _____

C. Special Needs: _____

D. Other: _____