



Membership Application

Personal Information:

Please provide accurate information so we can identify you and communicate effectively throughout your membership.

Full Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Interests & Participation:

Let us know your areas of interest and how you would like to engage with your community.

- Areas of Interest: (check all that apply)

_____ Events Planning

_____ Social Gatherings

_____ Other: _____

Would you like to volunteer? Yes / No

Membership Agreement & Consent:

Please review the following membership agreement and indicate your consent.

- I affirm that the information provided is accurate to the best of my knowledge.
- I understand that membership benefits, fees, and terms may be subject to change.
- I agree to abide by the organization's code of conduct and policies.
- I consent to the organization storing and using my information for membership purposes.

Signature: _____ Date: _____

Payment Information:

Membership fees are essential for sustaining our HOA. Please select your preferred payment method and provide the necessary details. All processing fees are applicable to members.

- Membership Fee: **\$50.00** Annually

- Payment Method:

_____ Credit Card

_____ Cash App

_____ Check

Other: _____

Name on Credit Card: _____

Billing Address: _____

Credit Card Number: _____

Expiration Date (if applicable): _____

Security Code (if applicable): _____