

Member Information Form

Date: _____ **Lot - Section Number:** _____ - _____

Deeded Owners Last Name: _____

Primary Mailing Address: _____

Home Phone #: _____ **Work Phone #:** _____ **Cell Phone #:** _____

Email Address: _____ **Is this a Rental Unit?** Yes No (Please Indicate)

List all full time residents for this property

Resident/Relationship to owner	Resident/Relationship to owner
/	/
/	/
/	/

List all vehicles for this property and attach a current copy of ALL vehicle registrations.

Gate Card Number	Year	Make	Model	Color	License Plate Number

Please note: Failure to submit vehicle registration will result in temporary deactivation of your gate card

In case of an emergency please contact:					
Name:	/	Relationship:	/	Phone:	/

For Member Services Office Use Only

<p>Information Verified: <input type="checkbox"/> Please check</p> <p>Forever Badges Verified: <input type="checkbox"/></p> <p>New Badge Numbers: _____</p> <p>Print Name: _____ Signature: _____</p> <p>Relationship to owner: _____</p>	<p>MSO Initials</p> <p>_____</p> <p>_____</p> <div style="border: 1px solid black; width: 100%; height: 100%; margin-top: 20px; text-align: center; font-size: 24px; font-weight: bold; color: gray;">Stamp Received</div>
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