

Member Information Form

Please complete the following information to ensure that our records are accurate and to enable us to better serve you.

Date: _____		Lot-Section Number: _____ - _____	
Last Name of Homeowner: _____		Email Address: _____	
Mailing Address: _____			
Home Telephone: () _____		Work Telephone: () _____	
Cell Telephone: () _____			
Please list all permanent residents of the household:			
Name: _____	Relationship: _____	Name: _____	Relationship: _____
_____	_____	_____	_____
_____	_____	_____	_____
Rental Unit? (please indicate) <input type="checkbox"/> YES <input type="checkbox"/> NO			
In case of an emergency please contact:			
Name: _____	Relationship: _____	Telephone: () _____	
Name: _____	Relationship: _____	Telephone: () _____	
Permanent Pass List:			
I would like the following people to gain access to my property (You do not have to contact the gate for these individuals):			
Name: _____	Relationship: _____	Name: _____	Relationship: _____
Name: _____	Relationship: _____	Name: _____	Relationship: _____
Name: _____	Relationship: _____	Name: _____	Relationship: _____
<u>I would like to deny the following people access to my property:</u>			
Name: _____	Relationship: _____	Name: _____	Relationship: _____
Gate Access Password or Pin Number:			
I would like the following password or pin number used when contacting Public Safety for gate access.			
Password or Pin: _____		Signature: _____	
Please list all vehicles. A copy of current car registrations must be provided to Member Services.			
License Plate	Model/Model	Color	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____