

APPLICATION HOMEOWNER MEMBERSHIP



Application for

Homeowner Membership

PLEASE PRINT

Date ____ - ____ -20____

I hereby apply for membership in the Association by virtue of purchasing the property at _____

The legal description being Lot # _____ Block# _____ Sect # _____ **Property #** _____

Current or former Senior Estates Golf and Country Club member # _____

Realtor: _____ Phone: _____

Owner(s) Legal Name(s)	Birth Date	Type of Proof
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#1 _____	_____	_____
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#2 _____	_____	_____
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#1 Contact Phone: _____ Cell Phone: _____

#2 Contact Phone: _____ Cell Phone: _____

#1 Email: _____ for our Bugle Blast

#2 Email: _____ for our Bugle Blast

Names of persons who will live in the house	Birth Date(s)	Relationship
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_____	_____	_____
_____	_____	_____

Do you want to be published in our phone directory? Yes No

#1 Name _____ Phone: _____

#2 Name _____ Phone: _____

Contact Information – In case of emergency please

Notify: _____ Relationship _____

Address: _____ Day Phone _____

City, State & Zip: _____ Eve Phone _____

To contact Senior Estates Golf and Country Club – call 503-982-1776 or you can email us at RealEstate@SeniorEstatesGolf.com

1776 Country Club Road, Woodburn, OR 97071

Note: Read and Sign-on Back

APPLICATION HOMEOWNER MEMBERSHIP

MEMORANDUM OF UNDERSTANDING FOR PROPERTY OWNERS

The buyer(s) must complete and sign the Homeowner Membership Application and the Memorandum of Understanding For Property Owners before the closing date of the home. In buying or building a home within the corporate area of the Senior Estates Golf and Country Club, I understand I shall become a member of the Association, if qualified and approved by the Board of Directors. Membership entitles the owner(s) of each property to one undivided vote in corporate election, provided all Fees are paid and up to date of the election. For homes selling at \$200,000.00 or less \$3,000.00 is the working capital fee, homes selling above \$200,000 will be charged 1.5% of the selling price as the working capital fee and it is due upon transfer of title at closing.

Payment of the annual assessment entitles an owner to participate in all the activities of the Association, depending upon the fee paid. However, the annual assessment is a mandatory fee regardless of whether the member participates in any of the activities or uses any of the facilities. I understand further that, I cannot rent or lease the dwelling house on this property. [5-23-2023]

I understand that at least one of the **owner-occupants** or in the case of a family member(s) (spouse, parent, child, sibling, or grandchild) occupying this dwelling house must be at least **55 years of age**, and no one under the age of eighteen (18) years of age may reside here. Further, any resident must abide by all the governing documents established by the Board of Directors. I agree to be responsible for the residents and guests at the Property and see that they abide by all rules and regulations.

By the Signature below I certify that the owner-occupants or family member occupants of this Property do qualify with the age restrictions set forth in the Declaration of Restrictions. Further, that all provisions of the governing documents shall be binding on all owner-occupants or family member occupants in the Association, their heirs, successors, and assigns.

How did you hear about us?

- Advertisement – name of the paper: _____
- Facebook: _____
- Friend(s) – name(s): _____
- Golfer(s) – name(s): _____
- Promotion: _____
- Realty/Realtor: _____
- Website Realtor: _____
- Website – www.SeniorEstatesGolf.com _____
- Other, please explain: _____

Note: If rejected, a separate letter of explanation will be mailed to the applicant.

This document must be accompanied by a copy of a legal document showing applicant is 55 years of age or above. The legal document(s) must include a picture of applicant and be Federal or State generated, such as a driver's license, DMV identification card or passport.

New Owner Signature(s):

_____ Date: ____ - ____ -20 ____

_____ Date: ____ - ____ -20 ____

This Section for Office Use Only:

Date Received in Office: _____ By Staff Member: _____

This Application has been Accepted Rejected Date: ____ - ____ -20 ____

Board of Directors Signatures: _____
