Application Associate Membership

Associate # _____

Associate Must be 50+ **Date: _____-_____- 20____**

Application for: Social & Golf ☐ Golf Only ☐ Limited Golf ☐

Social Associate ☐ Limited Social ☐ Pool & Fitness Only ☐

Legal Name(s): **PLEASE PRINT**	Birth Date	Type of Proof
#1 _____	_____	_____
#2 _____	_____	_____

Address _____

City _____ State _____ Zip _____

#1 Contact Phone: _____ Cell Phone: _____

#2 Contact Phone: _____ Cell Phone: _____

#1 Email: _____ for our Bugle Blast

#2 Email: _____ for our Bugle Blast

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

#1 Name _____ Phone: _____

#2 Name _____ Phone: _____

Referred by: _____ Phone: _____

MEMORANDUM OF UNDERSTANDING FOR ASSOCIATE

I (we) understand that this is an application as an Associate in a private, incorporated, not-for-profit HOA community association which has special rules and regulations, and agree to abide by them. The above Associate(s) will be granted only if one household applicant is age 50 or above but will extend to applicant's spouse/partner. I (we) agree to be responsible for our guests and will see that they abide by all rules and regulations.

Have you received a copy of the Governing Documents: Yes☐ No☐

Emergency Contact Information:

Name: _____ Relationship _____

Address: _____ Day Phone _____

City, State: _____ Cell Phone _____

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

This document must be accompanied by a copy of a legal document showing applicant is 50 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.

Signature: _____ Date: ____-____-20____

Signature: _____ Date: ____-____-20____

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How did you hear about us?

☐ Advertisement – name of the paper:_____

☐ Facebook:_____

☐ Friend(s) – name(s):_____

☐ Golfer(s) – name(s):_____

☐ Promotion:_____

☐ Website Realtor:_____

☐ Website – www.SeniorEstatesGolf.com _____

☐ Other, please explain:_____

_____

This Section for Office Use Only:

Date Received in Office: _____-_____-20____ By Staff Member: _____

New Associate Number:_____ **Fees Paid**:

Associate fee..... $ _____

Golf fee..... $ _____

Golf space #_____ $ _____

RV space #_____ $ _____

RV storage #_____ $ _____

Other ..... $ _____

Total paid: $ _____

This Application has been Accepted ☐ / Rejected ☐ Date: _____-_____-20____

Signatures not needed on a renewal.

Board of Directors Signatures _____

_____

Rules Director signature _____