CAMBRIDGE LAKES HOMEOWNER ASSOCIATION HERITAGE MEMBERSHIP APPLICATION

Name of Heritage Resident: _____

Address: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____ PHONE #: _____

ADDRESS: _____ _____ _____ _____
Street City State Zip code

PLEASE SUPPLY THE FOLLOWING INFORMATION ABOUT THE OCCUPANTS:

NAME OF OCCUPANT: _____

SOCIAL SECURITY #: _____ AGE: _____

BIRTH DATE: _____ OCCUPATION: _____

EMPLOYER: _____

ADDRESS: _____

NAME OF OCCUPANT= SPOUSE: _____

SOCIAL SECURITY #: _____ AGE: _____

BIRTH DATE: _____ OCCUPATION: _____

EMPLOYER: _____

ADDRESS: _____

NAMES OF CHILDREN/OTHER OCCUPANTS WHO CURRENTLY RESIDE IN THE HOME:

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

NAME: _____ AGE: _____ RELATIONSHIP: _____

IN APPLYING FOR A HERITAGE MEMBERSHIP IN THE CAMBRIDGE LAKES HOMEOWNERS ASSOCIATION ("ASSOCIATION"), I (WE) UNDERSTAND THAT THE ASSOCIATION HAS THE RIGHT TO ENFORCE THE RULES AND REGULATIONS FOR THE COMMUNITY CENTER (COPY OF WHICH YOU AKNOWLEDGE YOU HAVE RECEIVED) . YOU ACKNOWLEDGE THAT THERE IS A MEMBERSHIP FEE ASSOCIATED WITH THE HERITAGE MEMBERSHIP, AND THAT THE FEE IS SUBJECT TO CHANGE AND THAT THE HERITAGE MEMBERSHIP DOES NOT CONFER ANY VOTING RIGHTS IN CONNECTION WITH THE ASSOCIATION. CANCELLATION OF THE HERITAGE MEMBERSHIP MUST BE IN WRITING TO THE PROPERTY MANAGEMENT OFFICE 60 DAYS PRIOR TO TERMINATION. I (WE) CERTIFY THAT THE INFORMATION SUPPLIED BY ME (US) IS TRUE AND CORRECT. I(WE) ALSO ACKNOWLEDGE THAT THE HERITAGE MEMEBRSHIP IS NOT TRANSFERABLE TO ANY OTHER PERSON, NOR IS IT TRANSFERABLE TO FUTURE OCCUPANTS OF YOUR RESDIENCE.

_____ _____
APPLICANT= SIGNATURE SPOUSE= SIGNATURE

PLEASE ATTACH THE FOLLOWING WHEN SUBMITTING APPLICATION:
DOCUMENT CHECKLIST FOR OCCUPANTS:
_____ COPY OF DRIVERS LICENSE/BIRTH CERTIFICATE
_____ PROOF OF RESIDENACY

YOU WILL RECEIVE YOUR IDENTIFICATION/ACCESS CARDS FROM THE ASSOCIATION PROPERTY MANAGEMENT OFFICE, THERE WILL BE AN ADDITIONAL CHARGE FOR ANY ADDITIONAL CARDS OR ANY CARDS THAT ARE LOST OR STOLEN.

THE UNDERSIGNED HAS ACKNOWLEDGED AND RECEIVED THE RULES AND REGULATIONS REGARDING THE CAMBRIDGE LAKES HOMEOWNERS ASSOCIATION COMMUNITY CENTER AND WILL COMPLY WITH SAID RULES AND REGULATIONS.

_____ _____
APPLICANT= SIGNATURE SPOUSE= SIGNATURE

DATE: _____ DATE: _____

APPROVALS: CAMBRIDGE LAKES HOMEOWNERS ASSOCIATION:

By: _____ Its: _____