CRYSTAL SHORES RESIDENTS ASSOCIATION

MEMBERSHIP APPLICATION FORM

General Information - Primary Contact PROPERTY ADDRESS First Name Last Name Date of Birth I acknowledge I am over 18 years of age Primary Contact / Billing Information - if different from property address Resident Landlord Tenant **Primary Phone Type Primary Phone** Email **Business Name Mailing Street Mailing Street** Mailing City **Mailing Post Code Emergency Contacts Emergency Contact Contact Phone Permissions** Permission to enter all members into the system Please send me details so that I may register my Credit Card details for annual fees billing I hereby certify that the information contained herein is true and accurate. I am the owner of the property at the above noted Property Address; and all members listed above reside at the Property Address as their primary residence

Date

Print Name

Signature

CRYSTAL SHORES RESIDENTS ASSOCIATION

MEMBERSHIP APPLICATION FORM

General Information - Other members

First Name	
Last Name	
Relationship to primary	
Date of Birth	
	I acknowledge I am over 18 years of age
First Name	
Last Name	
Relationship to primary	
Date of Birth	
	I acknowledge I am over 18 years of age
	, ,
First Name	
Last Name	
Relationship to primary	
Date of Birth	
	I acknowledge I am over 18 years of age
	racknowledge rain over 18 years of age
First Name	
Last Name	
Relationship to primary	
Date of Birth	
	I acknowledge I am over 18 years of age
First Name	
Last Name	
Relationship to primary	
Date of Birth	
	I acknowledge I am over 18 years of age

ANY OVER 18'S $\underline{\text{NOT}}$ ON THE LANDTITLE WILL NEED TO SHOW PROOF OF ADDRESS AND PICTURE ID