

Aquia Harbour Property Owners Association, Inc.
FY-10 Membership Registration Form (7/1/09- 6/30/10)

OWNER INFORMATION			
Lot #: _____	<input type="checkbox"/> Owner	Ownership Date: _____	<input type="checkbox"/> Tenant:
Name: _____			
Address: _____			
City: _____	State: _____	Zip: _____	
Home Phone: _____	Work Phone: _____		
Cell Phone: _____	E-mail: _____		

MAILING INFORMATION (if different from resident address)	
Name: _____	
Address: _____	
City: _____	State: _____ Zip: _____

TENANT'S REPRESENTATION'S:	
By my/our signature(s) below, I/we affirm the following: I/we acknowledge that I/we have received a copy of the Association's legal documents and agree to abide by them. Failure to do so shall constitute a default under the lease. The Association may terminate any lease in default or compel the owner of the lot to terminate the lease.	
Tenant's Signature: _____	Date: _____
Tenant's Signature: _____	Date: _____
Tenant's Signature: _____	Date: _____

HOUSEHOLD RESIDENT INFORMATION		
Codes for Status: O = Applicant, 1 = Spouse, 2 = Child, 3 = Other.		
<u>STATUS</u>	<u>NAME</u>	<u>SEX</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VEHICLE INFORMATION							
<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>COLOR</u>	<u>LICENSE #</u>	<u>STATE</u>	<u>REG</u>	<u>DECAL #</u>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____

(FOR OFFICE USE ONLY)

LIST ONLY THOSE VEHICLES REGISTERED TO CURRENT OCCUPANTS OF THIS PROPERTY. NEW FY2009 DECALS WILL ONLY BE ISSUED FOR THOSE VEHICLES.

If additional space is needed use and attach an additional sheet

(FOR OFFICE USE ONLY)
Payment Received: Date: _____
Check # _____
Amount Received: <input type="checkbox"/> Initiation Fee Paid Amt: _____
<input type="checkbox"/> Dues Paid Amt: _____
<input type="checkbox"/> Guest Cards # Issued _____
<input type="checkbox"/> Decals Issued _____
Trash Service <input type="checkbox"/> Yes <input type="checkbox"/> Cans Needed <input type="checkbox"/> Cans Ordered <input type="checkbox"/> Bins Needed <input type="checkbox"/> Bins Ordered <input type="checkbox"/> No <input type="checkbox"/> Waiver Signed