

**Holiday Lakes Property Owners Association
Associate Membership Application**

We hereby make application for associate membership in the Holiday Lakes Property Owner's Association, Inc. I/We agree to pay \$600.00 per year in membership dues due no later than March 1st. (Dues shall be pro-rated for applicants applying after March 31st).

Property Owner/Landlord Name:

Proposed Renters:

Move In Date: _____ Move in Address: _____

Head of Household: _____ Date of Birth _____

Marital Status: _____ Phone#: _____ Phone# _____

Spouses Name/or other Occupant: _____ Date of Birth _____

Dependent Children:

Date of Birth:

Employer: _____ **Address:** _____

How Long Employed: _____

Spouses Employer: _____ **Address:** _____

How Long Employed: _____

Do any of the proposed renters have a felony conviction? _____

If Yes, please explain:

Personal References (Not Family Members)

Name: _____ Address: _____

Name: _____ Address: _____

In Case of an Emergency, Contact:

Name: _____ Phone: _____

Address: _____ Relationship: _____

I/We understand that I/We may be subject to a background check and depending on the results of that background check may be denied entry as an Associate Membership.

I/We further acknowledge that we will furnish HLPOA, Inc., if so requested, the make, year and license number of all automobiles owned by my/our family unit that will be entering upon the roads of Holiday Lakes.

I/We further acknowledge that we may be furnished copies of the Deed Restrictions and Rules and Regulations of HLPOA Inc. upon request at the Holiday Lakes office.

By their signature below, Associate Members specifically acknowledge that effective May 13, 1996, any and all expenses incurred by the Association to collect any delinquent accounts shall be added to their account and shall be the legal liability of the Owner Member. This includes but is not limited to court costs, reasonable attorney fees and any other cost incurred in the collection of the Associate Member's delinquent account.

I/We the undersigned do hereby state that all information in this application is true to the best of my/our knowledge.

Signature of Homeowner

Signature of Prospective Renter Date

Signature of Prospective Co-Renter Date

Decision of the HLPOA Board of Directors to grant Associate Membership:

Yes: _____ **No:** _____