



Home Owners Association (HOA) / Condominium Association (Condo)
REGISTRATION

Registered HOA/Condo Legal Name: _____

Address: _____

Community Name: _____

Are you a registered Deed Restricted Adult Community (55+)? YES NO

Tax ID No.: _____

Authorized Signature: _____

Authorized Name (Print): _____

BOARD MEMBERS INFORMATION

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____

NAME: _____

NAME: _____

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

CITY, STATE, ZIP: _____

PHONE: _____

PHONE: _____

FAX: _____

FAX: _____

EMAIL: _____

EMAIL: _____