

APPLICATION for ASSOCIATE MEMBERSHIP

Association and I wish to apply for As	Queens Lake whose owner is a Shareholder of the sociate Membership. I understand that my Associate owner being and remaining in good standing.
Standing of the Association and I wish	
	Total
I understand that I and the members of facilities and join in any Association ac	are not eligible to vote or to hold office in the Association. If my household will be eligible to use the Association etivities on the same basis as full members provided, I de by the Association Bylaws and Rules and Regulations.
PRINTED NAME:	
SIGNATURE:	DATE
Queens Lake Address:	
Property owner name:	
Owner's mailing address	
	Phone #
NOTE: The information provided below wil	ll be entered into the Association's database and if indicated members. Please add first and last name(s) as you prefer, they
	Adults ☐ First Adult Only ☐ Second Adult Only ☐ None ☐* and activities: Both Adults ☐ First Adult Only ☐ Second Adult Only ☐ None ☐*
First Adult (Last, First):	
Phone:	Email:
Second Adult (Last, First):	
	Email:
Children: Name(s):	