

APPLICATION for MEMBERSHIP TRANSFER

Owner 1 (Last, First):
Owner 2 (Last, First):
We are the owners [includes single owner, trustee(s) of an owning trust and authorized representative(s) of an owning corporation, partnership, or other entity] of the Queens Lake Property at
Address: (GPIN):
Address:(GPIN): We hereby apply for assumption of the membership held by the previous owners. Check one:
\Box This property is subject to a deed restriction, executed by a previous owner, which requires that we belong to the Queens Lake Community Association, Inc. The \$100 deeded transfer fee
\Box was paid at closing \Box is enclosed with this application.
□ We have inherited this property from a traditional member in-good-standing. (If not in-good standing, the previous membership must first be reinstated.)
We understand that upon acceptance of this application, we will be issued a certificate for a single share of stock in the Association. We agree to pay the annual dues and other fees as established in accordance with the Association Bylaws. We understand that we will be considered "Shareholders-in Good-Standing" only so long as dues payments and any other financial obligations are satisfied; and we understand that only as "Shareholders-in-Good-Standing" will we be eligible to vote our share of stock in the affairs of the Association and, with our household, be eligible to use the Association's common areas (lake, fields, playground etc.) and recreational facilities (which may require payment of user fees). Furthermore, we agree to abide by the Association's Bylaws and Rules & Regulations as may be amended.
SIGNATURE:DATE
SIGNATURE:DATE
NOTE: The information provided below will be entered into the Association's database and if indicated will be published in the directory given to members. Please add first and last name(s) as you prefer, they be listed. The Association does not release information to nonmembers.
Include information below in the printed directory: Both Adults First Adult Only Second Adult Only None * Add email(s) below to QLCA email service for events and activities: Both Adults First Adult Only Second Adult Only None * Assumed answer if not marked
First Adult (Last, First):
Phone: Email:
Second Adult (Last, First):
Phone: Email:
Children: Name(s):