

APPLICATION for ASSOCIATE MEMBERSHIP

Association and I wish to apply for Associate Membership. I understand that my Associate Membership will be dependent on the owner being and remaining in good standing.	
Standing of the Association and I wish	
	Total
I understand that Associate Members are not eligible to vote or to hold office in the Association I understand that I and the members of my household will be eligible to use the Association facilities and join in any Association activities on the same basis as full members provided, I remain in good standing. I agree to abide by the Association Bylaws and Rules and Regulations	
PRINTED NAME:	
SIGNATURE:	DATE
Queens Lake Address:	
Property owner name:	
Owner's mailing address	
	Phone #
	will be entered into the Association's database and if indicated o members. Please add first and last name(s) as you prefer, they be information to nonmembers.
	th 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):	