

MEMBERSHIP APPLICATION & RENEWAL FORM 2017

Please complete the entire form and mail it along with the \$60 membership dues. Let us know about your HOA so that we can better serve you. List the names of the HOA president, the CHOA Rep, and the Alt. Rep, if any. (The CHOA Rep is the person who will represent your organization at our meetings-this may be the president or another member of your HOA). We also need to know to whom and how you want correspondence sent. If you elect to use email, we can send the meeting materials to any person(s) that you indicate (see below).

Association Name:		No. of Members:
Association Mailing Ac	ddress:	
IS YOUR ASSOCIATI	ON: Condo: Townhouse: Professionally Managed:	Single Family Residence:
PRESIDENT:		Tel No:
Mailing Address:		E-Mail:
CHOA REP:		Tel No:
Mailing Address:		E-Mail:
ALT. REP:		Tel No:
Mailing Address:		E-Mail:
INDICATE ALL RECIPIENTS OF DOCUMENTS AND NOTICES:		
	Designated Rep Alternate Rep	Management Company
	ents and notices should be sent: E-mail Address:	U.S. Mail
Thank you!	Send to: Prim Hamilton, Treasurer 32214 Schooner Drive RPV, CA 90275 1-310-541-4153 FlyladyPrim@aol.com DUES \$60, PAYABLE TO CHOA	