

Isle of Pines Property Owner's Association, Inc

2009 Membership Application

(Membership runs from January to December and fee will be pro-rated)

Adult Names _____	Today's Date _____
_____	Amt Paid _____
_____	Check # _____
Children names _____	Age _____
_____	Age _____
_____	Age _____
_____	Age _____
Street Address _____	
Phone _____	
Email _____	

I have read and fully understand the attached Association Rules and hereby agree that all family members and guests will abide by them.

Signature of Member (must be at least 21 years of age)

Would you be willing to include your contact information in a IOPPOA directory only made available to IOPPOA residents? If so, do provide a trade or service that you would like included in the directory.

Yes _____

Please note: the above information is for IOPPOA use only

Would you be interested in Volunteering? ____ Yes ____ No

If so, where are your interests? Board Member ____ Coordinate or assist with an event ____
Beach Cleanup ____ Serve on a Committee ____ Other ____

Your suggestions are welcome

New Resident to the community? _____

Please Note: Monthly board meetings are held the first Tuesday of every month. Everyone is welcome to attend