

# Isle of Pines Property Owners' Association, Inc.

## 2012 Membership Application Form

(Membership runs from January - December)

Adult Names _____	Today's Date _____
_____	Amount Paid _____
_____	cash      check # _____
Children _____	Age _____
_____	Age _____
_____	Age _____
Street Address _____	Phone: _____
E-mail _____	

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

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

Would you be interested in volunteering?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If so, where:    Board Member \_\_\_\_\_    Coordinate or Assist with an Event \_\_\_\_\_

Beach Cleanup \_\_\_\_\_    Serve on a Committee \_\_\_\_\_

Other \_\_\_\_\_

Your suggestions or comments are always welcomed \_\_\_\_\_

NEW RESIDENT TO COMMUNITY? \_\_\_\_\_

Please note: Monthly Board Meetings are held the first Tuesday of every month. Everyone is welcome to attend.

**MEMBER KEEPS ATTACHED ASSOCIATION RULES**