



DOLLAR POINT ASSOCIATION

MEMBER APPLICATION FORM

Name of Owner(s): _____

Must match the Grant Deed, please list Managing Member if Trust or Trustees

Dollar Point Address: _____

Lot Number: _____

CONTACT INFORMATION

Best Mailing Address: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Additional Phone Number: _____

Primary Email: _____

Secondary Email: _____

Additional Email: _____

Copy of Grant Deed Attached

Transfer Fee Attached

By signing below, you are acknowledging that you will be bound by the Dollar Point Association Articles of Incorporation, Bylaws, and Rules and Regulations attached. You must notify the DPA Manager in writing within 30 days of any changes to the Grant Deed provided with this application.

Signature: _____

Date: _____

Signature: _____

Date: _____

Dollar Point Association (DPA)
Family Member Listing

Please list all family members that you wish to have issued DPA Photo ID cards. Eligible family members include:

DPA members, DPA member Spouse, Parents, Domestic Partner, Children, Grandchildren, Brothers, Sisters, Nieces, Nephews, Grandnieces and Grandnephews. All categories include in-laws and step-children/parents. Please list name and relationship for all individuals and if the individual is 13 or above.

_____	Owner/Member		
_____	Address/Lot Number		
Name	Relationship	13 or above (Yes/No)	
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

If you wish to list more family members please use a second form and submit together to the DPA office.

All Family Member Listings are subject to potential spot audits to ensure all individuals listed meet the DPA definition of an eligible family member. All individuals listed must meet the definition of eligible family member to be in compliance with DPA Rules and Regulations.

Owner/Member understands and agrees to the terms stated above.

_____ Owner/Member Signature and Date