FAIRWOOD HOMEOWNERS ASSOCIATION
FACILITY CARD REGISTRATION FORM

The following information is required each year to update our files. **Maintenance fees must be paid in full before a facility access card will be issued or updated.**

DATE:_____ ___OWNER ___RENTER
(Renters must provide proof of residence-drivers license or current bill.)

NAME: _____
(Last) (First)

NAME OF SPOUSE:_____
(Last) (First)

ADDRESS:_____

TELEPHONE NO.:_____EMERGENCY NO._____

Names and ages of all dependents living with you. Residents renting will need to provide a copy of birth certificate or copy of last report card for each child listed as proof of residence.

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach separate sheet for additional names.)

If you are renting your house, please provide the owners name and address below, if known:

(Owners Name)_____ (Owners Address)_____

I,_____understand that by signature of this document, I hereby agree to comply with the facility rules of the FAIRWOOD Homeowners Association, Inc. I have received a copy of said rules and have read and understand them. I understand that failure to comply with the facility rules and to obey the posted facility hours could result in the loss of my facility privileges.

_____
Signature

THIS SECTION FOR OFFICE USE ONLY:

Fees paid to date: [ ] YES [ ] NO

Total cash received: $

Approved by:_____Date: