ASSOCIATE APPLICATION

Date:					
Parcel #:			_		
Property Owner N	lame:				
Property Owner P	hone #:				
Property Address:	i				
Associate Name: _					
Relationship:					
Spouse Son]Daughter [Stepchild	Shared Resident Son	/Daughter in-law [Biological Parent
Associate Mailing	Address:			. <u></u>	
City, State, Zip:					
Associate Phone #	t:				
Email Address:					
Gate Card					
I own property located at in Willow I am in good standing and authorize to become an associate member.					
	•	•	•		my dues before the associat
_					ate I authorize and cannot b
					perty owner and must follow
the same rules. T	he associate	must obtain sti	ickers by supplying a cur	rent registration wi	th their name on it for each
vehicle and/or wa	tercraft ente	ering the marina	a. If an associate causes	damage and refuse	es to take responsibility for
damage incurred,	as the prope	erty owner I acc	ept full liability.		
Owner Signature			Print Name		
Associate Signature			Print Name		Date
OFFICE USE ONLY					
Owner Signature	Owner ID	Owner Dues	Associate Signature	Associate ID	Associate Dues
Marriage License	Birth Cer	tificate	Proof of Shared Address	Other	