



Property Owners Association
22 W. LAKENGREN DRIVE
EATON, OHIO 45320
PHONE: 937/456-3173 FAX: 937/456-9671

APPLICATION FOR ASSOCIATE MEMBERSHIP

Lot # _____ Application Date: _____

Name: _____

Property Address: _____

Telephone: _____ Occupation: _____

Children Names: _____ Age: _____

_____ Age: _____

_____ Age: _____

EMERGENCY INFORMATION:

Name, Address, Phone of nearest relative not living with me:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Associate Membership Agreement:

Applicant(s) agrees by accepting membership in the Lakengren POA to keep current all charges as duly determined and authorized by the Lakengren POA, Inc. Applicant(s) agrees to abide by all Rules, Regulations, Covenants, Conditions and Restrictions, both current and future, of the Lakengren POA, Inc. Membership Dues are non-refundable and non-transferrable.

Effective 11/18/11, all NEW Property Owners, Tenant Members, Associate Members and any resident family members, 18 years of age and older are subject to Sex Offender Background checks per Article II, Section 2, Sub-paragraph B, of the LPOA Code of Regulations.

I/WE HAVE READ AND AGREE TO ABIDE BY THE FOREGOING:

Fees Paid: _____ Date: _____

Associate Signature: _____

Property Owner Signature: _____

Board Approved (Signature): _____ (Date): _____