



**LAKENGREN PROPERTY OWNER'S ASSOCIATION APPLICATION FOR MEMBERSHIP  
FOR TENANT MEMBERSHIP**

Lot #: \_\_\_\_\_ Application Date: \_\_\_\_\_

Name of Tenant Member: \_\_\_\_\_

Property Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Co-Tenant Member Spouse: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**EMERGENCY INFORMATION:**

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Tenant Membership Agreement:**

Applicant(s) agrees by accepting membership in the Lakengren POA to keep current on all charges as 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.

Applicants) agree that membership in the Lakengren POA will cease automatically when: applicant ends lease agreement either by mutual agreement with property owner, or eviction by property owner (copy of eviction notice must be provided to this Office by the property owner).

I/we have received a copy of the Lakengren Tenant Member Policy and agree to abide by the rules set forth by this policy. I understand that I am jointly responsible for any dues, assessments, and other membership costs which are incurred by the tenant member(s), as stated in Lakengren Property Owners Association, Inc. Code of Regulations and Corporate By-Laws Article II, Section 3.

**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.**

A copy of the rental/lease agreement will be provided along with this application.

WE HAVE READ AND AGREE TO ABIDE BY THE FORGOING:

Tenant Member Signature: \_\_\_\_\_

Co-Tenant Member Signature: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Lot #: \_\_\_\_\_

Fees Paid: \_\_\_\_\_ (Date): \_\_\_\_\_

Board Approved (Signature): \_\_\_\_\_ (Date): \_\_\_\_\_

REVISED 02-01-02  
REVISED 01-07-10 (Word File: Tenant Member Application)  
REVISED 10-16-14 (Sex Offender Info)