



**2024 ASSOCIATE MEMBER ANNUAL VEHICLE REGISTRATION**  
**(THIS FORM IS NOT FOR PROPERTY OWNERS/TENANT MEMBERS)**

**DO NOT WRITE "SAME AS LAST YEAR" ON THIS FORM-THANK YOU!**

**THIS FORM MUST BE COMPLETED TO OBTAIN VEHICLE STICKERS/FAMILY PASSES**

**PLEASE CHOOSE ONE: [ ] I Will Pick Up My Stickers/Passes at The LPOA Office(Mon-Fri 8am-4:30pm)**  
**[ ] Deliver My Stickers/Passes to My Home-*Signature required***

**VEHICLES: LIST EACH MOTOR VEHICLE REGISTERED IN THE ASSOCIATE MEMBER'S NAME. PLEASE SEND A COPY OF NEW OR UPDATED REGISTRATION OR TITLE IF DIFFERENT FROM LAST YEAR - OTHERWISE STICKERS WILL NOT BE ISSUED.**

YEAR	MAKE	COLOR	LICENSE PLATE #	OFFICE USE ONLY STICKER #

**PLEASE PRINT NAME & DATE OF BIRTH OF EACH MINOR CHILD OF THE ASSOCIATE MEMBER THAT RESIDES IN THE HOME WITH THE ASSOCIATE MEMBER IN LAKENGREN.**

SON _____	Date Of Birth _____	DAUGHTER _____	Date Of Birth _____
SON _____	Date Of Birth _____	DAUGHTER _____	Date Of Birth _____
SON _____	Date Of Birth _____	DAUGHTER _____	Date Of Birth _____

**I DO DECLARE I CARRY LIABILITY INSURANCE ON ALL VEHICLES AS REQUIRED BY STATE LAW. FURTHERMORE, IT IS MY UNDERSTANDING THAT IF ANY FALSIFICATION IS MADE ON ANY VEHICLE REGISTRATION THAT THE STICKER(S) MAY BE CONFISCATED BY THE LPOA SECURITY OR MANAGER.**

ASSOCIATE MEMBER \_\_\_\_\_  
PRINTED NAME SIGNATURE DATE OF BIRTH

ADDRESS \_\_\_\_\_

PHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

*\*PLEASE PROVIDE E-MAIL ADDRESS TO RECEIVE IMPORTANT INFORMATION/UPDATES*