LOT#_____

2026 APPLICATION FOR ANNUAL MEMBERSHIP & FAMILY CARDS

NAMES & DATES OF BIRTH MUST BE PROVIDED TO OBTAIN MEMBERSHIP & FAMILY CARDS

PROPERTY OWNER'S/TENANT NAME Date of Birth SPOUSE'S /CO-OWNER/CO-TENANT NAME Date of Birth

PLEASE PRINT NAME & DATE OF BIRTH OF EACH QUALIFYING FAMILY MEMBER

Only Property Owners/Tenant Members and Sons, Daughters, Son-in-law's, Daughter-in-law's, Mothers, Fathers, Mother-in-law's, and Father-in-law's of Property Owners/Tenant Members are eligible for family cards.

Proof of custody/guardianship is required for foster children or if you are a legal Guardian.

Annual Family cards will be issued upon the application of the association member and his or her certification that the person for whom the annual family card is sought is a PARENT, CHILD, or SPOUSE of child of the member. Falsification of this certification will be grounds for denial of privileges granted to Association members.
Membership & Family cards are not transferable.

It is considered FRAUD to claim a non-family member which includes but is not limited to sisters, brothers or grandparents or to claim a family member who resides elsewhere in Lakengren. The LPOA Office reserves the right to ask for more information and proof of relationship when applying for Member & Family Member Cards.

Effective 11/18/11, all NEW property owners and 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

SON	Date Of Birth	DAUGHTER-IN-LAW	Date Of Birth
SON	Date Of Birth	DAUGHTER-IN-LAW	Date Of Birth
SON	Date Of Birth	DAUGHTER-IN-LAW	Date Of Birth
SON	Date Of Birth	DAUGHTER-IN-LAW	Date Of Birth
DAUGHTER	Date Of Birth	SON-IN-LAW	Date Of Birth
DAUGHTER	Date Of Birth	SON-IN-LAW	Date Of Birth
DAUGHTER	Date Of Birth	SON-IN-LAW	Date Of Birth
DAUGHTER	Date Of Birth	SON-IN-LAW	Date Of Birth
MOTHER OR MOTHER-IN-LAW	Date Of Birth	FATHER OR FATHER-IN-LAW	Date Of Birth
MOTHER OR MOTHER-IN-LAW	Date Of Birth	FATHER OR FATHER-IN-LAW	Date Of Birth
MOTHER OR MOTHER-IN-LAW	Date Of Birth	FATHER OR FATHER-IN-LAW	Date Of Birth
MOTHER OR MOTHER-IN-LAW	Date Of Birth	FATHER OR FATHER-IN-LAW	Date Of Birth

I, _____, verify by my signature that the above information is true and correct and that I have read and understand all statements above and the Prohibition of Sex Offenders policy; Lakengren Code of Regulations Article II, Section 2.