

## Lake Petersburg Association Supplemental Information

Applicable Lot(s) No. \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Age \_\_\_\_\_ (optional)

Applicant's Name: \_\_\_\_\_ Age \_\_\_\_\_ (optional)

Previous Address: \_\_\_\_\_

Mailing Address after closing: \_\_\_\_\_

Children at Home: \_\_\_\_\_

Employed At: \_\_\_\_\_

Job Title: \_\_\_\_\_

Service Clubs: \_\_\_\_\_

Hobbies / Sports: \_\_\_\_\_

### Please provide us with your contact information below.

Does the LPA have your permission to send you emails? Yes No

Do you wish to be contacted by The LPA Welcome Wagon Committee? Yes No

E-Mail Address(es): \_\_\_\_\_

NOTE: Due to space Constraints, only one email per household can be used for the Membership emailing's-Please circle the one you wish to designate. Thank -you

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

Cell Phone(s) #: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date