



MEMBERSHIP PROFILE

(PLEASE PRINT ALL INFORMATION)

There is a \$35 Fee Per Person Applying for Membership

(Initial and complete each item)

1. I am purchasing a lot from a current owner: Glen _____ Lot _____
- I am a co-owner: Glen _____ Lot _____
- I am just looking to purchase a lot.

2. PERSONAL INFORMATION:

- a. Name: _____
- b. Current Address (Permanent street address only, NO post office boxes):
City: _____ State: _____ Zip: _____
- c. Mailing Address (if different than above):
City: _____ State: _____ Zip: _____
- d. Length of time at current address: _____
- e. Telephone: Home _____ Cell _____ Email Address: _____
- f. Emergency Contact (Name, Relationship, and Telephone Number):

- g. Have you previously owned a lot at Indian Acres: No _____ Yes _____ Glen and Lot _____ (if applicable)
- h. Previous Name(s) Used (if applicable)

- i. Are you currently barred from Indian Acres: No _____ Yes _____

(Initial and complete each item)

3. I acknowledge that I must provide the following documents for identification purposes:
 - A. A valid state driver's license (or photo identification/city identification card), and
 - B. A copy of a current utility/homeowners or renter insurance/mortgage/voter's registration/vehicle registration in my name with my permanent address. Address on both A & B must match and no PO Box's.
4. I acknowledge that I will provide a copy of the Deed upon the purchase of a lot and/or addition to the Deed to the Indian Acres Club of Thornburg, Inc. (IACT) Administration office.
5. I acknowledge that all property owners are members of IACT and accept responsibility for payment of annual membership dues.
6. I acknowledge if I have not purchased a lot within 120 days, a new membership profile must be completed.
7. I acknowledge that the above information will undergo both review and verification through internal records and external resources.

I acknowledge that all property owners and their guests are restricted from using IACT as their permanent residence.
Initial _____

I affirm all information provided herein is true and accurate to the best of my knowledge, and I agree to abide by all recorded covenants, bylaws, and all IACT rules and regulations that convey with becoming a member. All covenants, bylaws, and all IACT Rules & Regulations can be found on our website at Indianacres.org. Please do not make any improvements to your lot until you speak with Site Control 540-582-6444.

I am aware by buying a lot that I will be responsible for annual dues which are due November 1st of each year. 2025-2026 Annual Dues are \$1,656.00. At the time of purchase, the annual dues are subject to be pro-rated. Dues are subject to change annually on November 1.

SIGNATURE: _____

DATE: _____

(Membership Profile Application and documents can be emailed to info@indianacres.org)

The ASSOCIATION shall provide lot owners and immediate family identification that entitles them full use of the amenities comprised of common areas owned by the ASSOCIATION, so long as owner does not become a delinquent member or has been permanently barred from the Association previously. Members of the immediate family shall include the spouse of such owner and the minor children of the same, plus those major children and/or the parents of the owner and/or spouse and minor grandchildren of the owner and/or spouse who reside in the primary residence of said owner, provided none have been barred from Indian Acres.

Please list the names, date of birth, and relationship of eligible individuals for whom you are requesting identification cards:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>

Extended Family Pass Information

Please list information for any Grandchildren who do not reside with the property owner. Note that cards of the grandchildren will expire when they reach 18 years old. Must show proof as required for these passes.

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>

Owner's Choice Pass

Please list information for the person(s) chosen by the property owner for the Owner's Choice Pass. Cost per pass is \$50 per fiscal year and limited to only two (2).

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>

There is a replacement charge for lost or destroyed Membership Cards/Passes - \$25/each

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

Received By: _____

NOT BARRED: Date: ____/____/____

Director of Operations: _____

NOTES: _____ Date: ____/____/____