

MEMBERSHIP PROFILE

(PLEASE <u>PRINT</u> ALL INFORMATION) There is a \$25 Fee Per Person Applying for Membership

(Initial and complete each item)				
1I 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 of	office boxes):			
	State:Zip			
c. Mailing Address (if different than above):	City:			
	State:Zip			
e. Telephone: Home Cell	Email Address:			
f. Emergency Contact (Name, Relationship, and Telephone Nu				
(Initial and complete each item)				
3 I acknowledge that I must provide the following doc	cuments for identification purposes:			
a. A valid state driver's license (or photo identification/city identification card), and				
	nter insurance/mortgage/voter's registration/vehicle			
registration in my name with my permanent address. A				
4 I acknowledge that I will provide a copy of the Deed				
to the Indian Acres Club of Thornburg, Inc. (IACT)				
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 re-	stricted from using IACT as their permanent residence. Initial			
I affirm all information provided herein is true and accurate to the	ne best of my knowledge, and I agree to abide by all recorded			
covenants, bylaws, and all IACT rules and regulations that conve	y with becoming a member. All covenants, bylaws, and all IACT			
Rules & Regulations can be found on our website at Indianacre	s.org. Please do not make any improvements to your lot until you			
speak with Site Control 540-582-6444 or iactsitecontrol@india	nacres.org			
CICNATURE	DATE			
SIGNATURE:	DATE:			
IACT does not discriminate on the basis of race, color, gender, ag				
sexual orientation, disability or veteran's status.	5-7,			

The ASSOCIATION shall provide lot <u>owners and immediate family</u> identification that entitles the full use of the amenities comprised of common areas owned by the ASSOCIATION, so long as owner does not become a delinquent member. Members of the immediate family shall include the spouse of such owner and the minor children of same, plus those major children and/or the parents of the owner and/or spouse and minor grandchildren of owner and/or spouse who <u>reside in the primary residence</u> of said owner.

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

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<u>Name</u>	<u>Date of Birth</u>	Relationship	
			 '
	Extended Family Pa	ss Information	
Please list information for any Grandchilo expire when they reach 18 years old. Mo			that cards of the grandchildren will
<u>Name</u>	Date of Birth	Relationship	
	Owner's Cho	ce Pass	
Please list information for one person ch	osen by the property owner.	Note: \$25/fiscal year	
<u>Name</u>	Date of Birth	Relationship (friend, S	ignificant Other, etc.)
	Do Not Write Belo		
Received By:		Date:	
,			
Security:		Date:	
Administration:		Date:	
Director of Operations:		Date:	