

NO PRINT ZONE



HLPOA™ Dues, payable by January 31, 20__ : \$ 90.00

Donation to:	General Fund:	\$ _____
(Thank you!)	Environmental Fund:	\$ _____
	Legal Fund:	\$ _____
	TOTAL Enclosed:	\$ _____

***Asterisked information must be completed please.**

* Member Name(s): _____ * Membership (Check only one)

Voting

Non-Voting

(Check only one) → * Lakefront Property

* Shared Lakefront Property
(Please include your local association's name.) _____

* Name property assessed to or person named on tax assessment roll: _____ Tax/Parcel I.D. Number: _____

Membership is open to any person or entity that has an ownership interest in a lakefront parcel. (Voting is generally one vote per lakefront parcel. See HLPOA Bylaws, Article 3 at www.hlpoa.org for specifics.)

NO PRINT ZONE

Email address #1: _____

Email address #2: _____

Please include your email address for effective communication and updates. Email address will be kept strictly private.

Permanent Address: (For all correspondence) _____

P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Lake Address: (For eligibility) _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

website: www.hlpoa.org ph: 989-275-9181 email: hlpoa0@gmail.com

Higgins Lake Property Owners Association™ P.O. Box 55 Roscommon, MI 48653

GLUE AREA

ANYTHING PRINTED IN THIS AREA MAY BE DESTROYED WHEN OPENED