



**CALIFORNIA ASSOCIATION
OF
HOMEOWNERS ASSOCIATIONS
INCORPORATED**

**COMMUNITY ASSOCIATION AND CONDOMINIUM
MEMBERSHIP INFORMATION
INDIVIDUAL MEMBER**

Name Individual: _____ **Number of Units:** _____
Address: _____ **Dues Per Month:** _____
City and County: _____ **Zip:** _____ **Age of Association:** _____

OPTIONAL INFORMATION:

Board of Directors:

| Name | Unit # | Tel. # (hm) | (wk) |
|-------------|---------------|--------------------|-------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Board Representative to contact: _____

How do you prefer to be contacted: Phone _____ Fax _____ E-Mail _____ Mail _____

At: _____

Description of Property: (e.g. Townhouse, all stucco, stucco w/wood trim)

Method of Payment: Check: _____ Credit Card: _____ Number: _____

This information has been submitted by:

Name: _____ **Title:** _____

OPTIONAL INFORMATION:

Property Management Company: _____

Name of Representative: _____ **Telephone:** _____

Address: _____

COMMENTS: _____
