

**CLAM LAKES PROPERTY OWNERS ASSOCIATION
MEMBERSHIP APPLICATION FORM**

*Please Note: All information on this form will be kept in the strictest of confidence
and will not be redistributed for any reason*

REGISTERED PROPERTY OWNER INFORMATION:

Voting Member Name: _____

Alternate Voting Member Name: _____

CONTACT INFORMATION AND MAILING ADDRESS:

Street: _____ Apt. _____

City/Town: _____

Province/State: _____

Postal Code/Zip Code: _____

Telephone#: () _____ Fax#: () _____

Email Address: _____

Daytime/Work #: () _____ Cell Phone#: () _____

KEARNEY ADDRESS (on 911 sign):

Street: _____ Box #: _____

Kearney, ON P0A 1M0

Telephone: () _____ Email Address: _____

As an applicant(s) to be a member of the Clam Lakes Property Owners Association, I/We understand that I/We will abide by the General By-Laws of the Association as set out, which may be amended or changed, by the members, directors and officers.

Voting Member Signature _____

Alternate Voting Member Signature: _____

RETURN INSTRUCTIONS:

Mail Form to:

Mrs. Eva Oldenburg
Box 205
Kearney, ON P0A 1M0

First Time Application Fee and Renewal Fee: \$25.00

All Applications must include the appropriate Annual Membership Dues, payable to Clam Lakes Property Owners Association, in order to be processed.