



# NEW MEMBER APPLICATION

*For Membership in Lake Wildwood Association, Inc.*

LOT NUMBER(S)

DATE

## INFORMATION

I/We (spouse/partner/co-owner) hereby apply for membership in Lake Wildwood Association, Inc. It is understood that pursuant to Bylaw 5.01 (listed below), the Association recognizes only one membership per lot.

I/We agree to pay the non-refundable **Application for Membership fee of \$250.00 which accompanies this application**, unless I am already a member, in which case no application fee is due.

I/We agree to pay annual membership dues in an amount determined by said Association Board of Directors as an annual dues charge. I/We understand that this fee is due and payable on or before the 1st day of March of each year hereafter. I/We acknowledge that payment of the annual dues charge is required in order that we may remain a member of Lake Wildwood Association.

I/We further agree to provide to the Association a copy of the recorded deed or legal documents representing my/our interest in property within the Lake Wildwood Association recorded boundaries. I/We understand that no membership privileges will be granted until such time as all documents and fees are received, processed and acceptance into the membership of Lake Wildwood Association is completed.

I/We agree to be bound by and comply with the Lake Wildwood Association, Inc. Restrictive Covenants, Bylaws and Rules & Regulations.

I/We acknowledge receipt of the following documents:

- Restrictive Covenants and Bylaws (Blue Book)
- Rules & Regulations (Red Book)

I/We understand that falsification of any part of this application will result in the forfeiture of any membership rights which may be granted.

I/We agree to update this application at no charge whenever information changes.

## ARTICLE V - MEMBERSHIP IN THE ASSOCIATION

### 5.01 Qualification of Members:

No person may hereafter become a member of the Association unless he shall have an interest as an owner in the real estate in the Lake Wildwood Development, Marshall County, Illinois. Each such person, upon acceptance by the Association, shall become a member of the Association and shall be entitled thereafter, except as may be hereinafter provided, to all of the privileges of such membership as recognized by the Association. Only one membership may be considered for any given lot. A membership shall include the married spouse or partner by civil union of the person in whose name title to the lot is taken. The annual dues, or assessment levied against members by the Board of Directors, shall be levied against each member of the Association, except that a husband and wife or legal partnership by civil union shall be obliged to pay only one such assessment or dues for each lot owned.

**BILLING AND CONTACT**

*Please print legibly.*

LOT NUMBER(S)

**MEMBER INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SPOUSE/PARTNER/CO-OWNER INFORMATION**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MINOR CHILDREN'S INFORMATION** *(for event planning)*

1) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_

2) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_

3) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_

4) Name: \_\_\_\_\_ Age: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_

**CONFIDENTIAL PERSONAL INFORMATION**

*Please print legibly.*

**LOT NUMBER(S)**

**MEMBER INFORMATION**

Social Security Number *(full number required)*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

Banking Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Bank - Checking: \_\_\_\_\_

**SPOUSE/PARTNER/CO-OWNER INFORMATION**

Social Security Number *(full number required)*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Banking Institution: \_\_\_\_\_

Banking Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Bank - Checking: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Please provide contact information of a person(s) in case of an emergency.

*I/We hereby authorize the Association to contact the following people for the following purposes. I/We hereby recognize and agree that my/our provision of this information shall not be construed in such a manner so as to create a duty on the Association, and in the event the Association does not avail itself of this information to contact me/us, there shall be no liability, claim, or other imposition upon the Association by virtue of the Association having this information.*

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact in case of:  Medical Emergency  Property Emergency  Both

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact in case of:  Medical Emergency  Property Emergency  Both

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact in case of:  Medical Emergency  Property Emergency  Both

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Partner/Co-owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_