



Annual Member Information

Name: Applicant _____

Spouse: _____

Home Address: _____

E-Mail Address: _____

Home Phone: _____

Applicant's Phone

Daytime: _____ Mobile: _____

Spouse's Phone

Daytime: _____ Mobile: _____

Children Living at Home

Name	Date of Birth

The term of this membership shall be for one year, and the cost is \$395.00 for the 2009 season. Memberships are effective upon the payment in full of the fee.

Please make checks to: Woods of Parkview Homeowners Association.
Mail to: Barb Benners 23 Planters Dr. Lilburn, GA 30047

My household agrees to abide by The Woods of Parkview Homeowners Association Swimming Pool Rules and Tennis Rules; the complete rules are posted in the bathhouse and on the website, www.wopha.com.

Applicant Signature: _____ Date: _____

Member making referral if Applicable: _____