

***Annual Member
Application Woods of
Parkview 2020***

Name: Applicant _____

Spouse: _____

Home Address: _____

E-Mail Address: _____

Home Phone: _____ Daytime Phone

Applicant: _____ Spouse: _____

Mobile Phone Applicant: _____

Spouse: _____

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 2020 season. Memberships are effective upon the full payment of the fee.

Please make checks to: Woods of Parkview Homeowner's Association. Mail to: WOPHA #1 Planters Dr. Lilburn, GA 30047

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My household agrees to abide by The Woods of Parkview Homeowner's Association Swimming Pool Rules and Tennis Rules. The complete rules are posted in the pool house and on our website, www.wopha.com.

Applicant Signature _____ Date _____

Member making referral if applicable _____