

**Annual Member Application
Woods of Parkview
2019**

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 2019 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

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 _____