


|  |   |  |
|--|---|--|
| Date: _____<br>Cash Amount Paid: _____<br>Check # Amount Paid: _____<br>Received By: _____<br>Receipt #: _____ |  | <b>HOLIDAY LAKE ESTATES CIVIC ASSOCIATION</b><br>East   West   Villas<br><br><b>MEMBERSHIP APPLICATION</b><br>New <input type="checkbox"/> Renewal <input type="checkbox"/><br><br><b>HLE RESIDENT</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--|---|--|

**APPLICANT'S INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Preferred Method of Contact:** Phone ( ) Text ( ) Email ( )

**PLEASE LIST THE NAMES, DOBs, AND RELATIONSHIP FOR EVERYONE LIVING IN YOUR HOUSEHOLD**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Holiday Lake Estates Civic Association - Membership Information:** Membership with the Holiday Lake Estates Civic Association is by initial application and payment of annual membership dues.

**Annual Membership Association Dues are: \$15.00 for one adult or \$20.00 for two adults living in the same household**

Dues cover **up to two adults living in the same household** per membership. In households with more than two adults, **each additional adult** (or pair of adults) must submit a **separate membership application** and pay the appropriate dues (**\$15.00 for one adult or \$20.00 for any two additional adults living in the same household**).

Checks should be made payable to **Holiday Lake Estates Civic Association** and mailed to: **3624 Atlantis Drive, Holiday, FL 34691**  
Or delivered directly to an HLECA officer.

As a condition of Membership, I/We agree to abide by the by-laws of the Holiday Lake Estates Civic Association. I/We acknowledge that there is a risk involved in using the facilities and participating in activities. I/We assume full responsibility for all risks of injury, illness, death, or damage and loss to property at the Holiday Lake Estates Civic Association, 3624 Atlantis Dr., Holiday, FL 34691.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_