

CANYON VISTA POOL ASSOCIATION
Member Information 2019

Instructions:

1. *Print or type the information requested below.*
2. *The Member (and Renter) must complete all sections.*
3. *The Member or Renter must provide the applicable information on each eligible family member (see Certification Statement below) who intends to use the pool this year.*
4. *Sign and date this form.*
5. *Send the completed original of this form to the following address: CVPA, P.O. Box 4634, White Rock, NM 87547*

Membership Number	Member's Name (last, first, middle)		
Street Address		City	State Zip Code
Home Phone ()	Work Phone ()	e-mail	
<input type="checkbox"/> Check box if renting	Renter's Name (last, first, middle)		
Street Address		City	State Zip Code
Home Phone ()	Work Phone ()	e-mail	

Family Members who Reside with the Owner (or Renter)

Name	Relationship	Birth date (if senior or minor)	Resident of your home? Yes or No. If No, explain.
	SELF		

CERTIFICATION STATEMENT: *I attest to the fact that the people listed above either reside at my home address and include only my spouse, my children, or are my children that are full-time students or members of the U.S. Armed Forces.*

Signature of Owner or Renter

Date Signed

I am interested in running for the CVPA Board.