APPLICATION for ASSOCIATE MEMBERSHIP

E-mail Address:		
Home Phone#:	Cell Phone #:	
Name:	Name:	_Name:
Name:	Name:	_Name:
Children:		1.1120
Second Adult: Last		First
Last		First
published in the director	ry given to members. Please	red into the Association's database and include your first and last name(s) as you e information to nonmembers.
		Phone #
C		Phone #
- ·		
Queens Lake Address:		
SIGNATURE:		DATE
PRINTED NAME:		
I understand that I and the facilities and join in any	te members of my household Association activities on the	to vote or to hold office in the Association. will be eligible to use the Association same basis as full members provided that I ciation Bylaws and Rules and Regulations.
Good-Standing of the As that I will pay the annual	ssociation and I wish to apply	whose owner is not a Shareholder-in- for Associate Membership. I understand by as a Shareholder. Enclosed is an initial calendar year.
Association and I wish to	o apply for Associate Membe	e whose owner is a Shareholder of the ership. I understand that my Associate and remaining in good standing.

Contact us: 757/229-0973 / qlca@widomaker.com / www.queenslake.net

234 East Queens Drive / Wmbg., VA 23185

NEW Membership Associate Form 2023