



LOST HOLLOW PROPERTY OWNER'S ASSOCIATION, INC.

16700 MARBLE-GRIFFITH RD. LOGAN, OH 43138

MEMBERSHIP APPLICATION

I/We hereby apply for membership in the Lost Hollow Property Owner's Association (LHPOA) and agree to abide by all the regulations now in effect or which may from time to time be determined by the Association. I/We agree to be fully responsible for the actions of my/our questions, and of my/our family using Association facilities. I/We understand that Association privileges can be suspended or revoked for deliberate violations. If approved, I/We agree to pay in advanced monthly, quarterly or annually the established dues and any other fees established and voted in effect by The Association.

\$	\$	/	
CURRENT MONTHLY DUES	CURRENT FEES/ASSESSMENTS	DATE	
LOT NUMBER(S)	CURRENT OWNER(S)		
APPLICATE(S) NAME(S)	SPOUSE		
ADDRESS			
CITY	STATE	ZIP	PHONE
CHILDREN(S) NAME(S) (AGE(S) IF MINOR(S))			

NAME OF PERSON(S) TO CONTACT IN CASE OF EMERGENCY			RELATIONSHIP
ADDRESS			
CITY	STATE	ZIP	PHONE
PLACE OF EMPLOYMENT	POSITION	LENGTH OF SERVICE	
ADDRESS			
CITY	STATE	ZIP	PHONE

1.
NAME, ADDRESS, PHONE NUMBER OF TWO (2) PERSONAL REFERENCES

2.

**IMPORTANT...Return this form along with
Your deed to the Secretary**

SIGNATURE

SOCIAL SECURITY NUMBER

SECRETARY

ADDRESS

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

DATE: _____ **DATE:** _____

Copy of Application and Membership Packet to Applicant

Original Application to Office

* Your deed, stamped "Certified for membership in the LHPOA", a membership packet and a copy of this application will be returned to you by the LHPOA Secretary