



The Lakes Community Association

5501 S. Lakeshore Drive
Tempe, Arizona 85283-2155
P: (480) 838-1023
F: (480) 838-3226

Lot # _____
Owner: _____
Expiration: _____
Approval: _____

Annual Membership

I hereby certify that _____
(Annual Member)

Lives at my home, located at _____,
(Property Address)

Lot # _____. I request an LCA card be issued to this person with an expiration date of _____ (maximum of two years).

I will advise him/her of the COVENANTS, CONDITIONS, AND RESTRICTIONS of the Lakes Beach and Tennis Club, Watercraft and Fishing Rules, and I will take FULL responsibility for his/her actions. By my signature, I understand the rules and restrictions of the Lakes Community Association, and I agree to abide by them. I further understand that my privileges may be terminated at any time for rules infractions, misrepresentation or indebtedness to the Association.

Proof of residency at the above stated address (i.e., driver's license, bank statement, utility bill, etc.) MUST BE SHOWN to receive this membership.

I hereby certify that I will notify the Lakes Community Association when the above-named person moves.

I give my consent for the above-named person to use the guest card privileges of the property.

Yes _____ No _____ Initials _____

Applicant's Signature _____ *Date*

Phone _____ *Email*

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Property Owner's Signature _____ *Date*

LCA Management _____ *Date*