

## Greater Mission Bend Area Council Membership Form

Legal Name of HOA: \_\_\_\_\_

*HOA must be in good status with the State Comptroller's Office*

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

Name of Management Co. \_\_\_\_\_ Address: \_\_\_\_\_

Manager: \_\_\_\_\_ Phone No. \_\_\_\_\_ Total # of Homes \_\_\_\_\_

### BOARD OF DIRECTORS

Name	Director Position	Phone No.	Email Address

\_\_\_\_\_

**Board of Director – President (Signature)**

\_\_\_\_\_

**(Please Print Name)**

\_\_\_\_\_

**(Date)**