

Meadview Civic Association

**P.O. Box 217
Meadview, AZ 86444
928-564-2313**

I, _____ hereby make this application
for SOCIAL MEMBERSHIP in the Meadview Civic Association, Inc.
Physical address _____

Mailing Address

Phone _____ LOT # _____

LOT OWNER (Landlords') name _____

1. I certify that I do not own property in Meadview.
2. I accept that the Board of Governors may revoke all rights and privileges of such accepted membership at any time.
3. As a SOCIAL MEMBER, I shall have no voting rights.
4. The sum of \$85.00 for SOCIAL MEMBERSHIP shall be paid by such member.
5. I agree to purchase a key card for \$10 for access to the facility.
This is a non-refundable fee. I understand that the card is nontransferable and will be de-activated upon expiration of my SOCIAL MEMBERSHIP.

SOCIAL MEMBERSHIP is good for one year from the date of payment. A reminder notice will be provided one month prior to expiration for renewal of membership.

By signing below, I agree to abide by the rules and regulations of the Association and to pay the required \$85.00 for the SOCIAL MEMBERSHIP, if approved.

Applicant's Signature

Date

Membership approved at the Board meeting held on _____

Board Member Signature

FOR OFFICE USE ONLY

Membership Balance \$ _____ Date Paid _____

Amount Paid \$ _____ Received by _____

Check # _____ Credit/ Debit Card # _____ Cash \$ _____