

Sky Valley Property Owners Association 2018 Membership Form

Please **clearly print** all information and send your check by **DEC. 1, 2017**,
to: SVPOA, 614 Sky Valley Way #155, Sky Valley, GA, 30537
Dues are \$70 for a family or \$40 for an individual www.skyvalleypoa.net

First and Last Name: _____

Partner First and Last Name: _____

Additional Owners: _____

(Over if needed. Do not include children unless they are co-owners)

RENEWAL – No Changes Check Here **OR Write Changes Below**

Local Address: _____ Box# _____

City, State, Zip _____

Phone: 706-_____

For each person listed above please give email and cell phone (over if needed):

<i>Name</i>	<i>Email</i>	<i>Cell phone</i>
-------------	--------------	-------------------

<i>Name</i>	<i>Email</i>	<i>Cell phone</i>
-------------	--------------	-------------------

Winter Address (if applicable):

Street _____

City, State, Zip _____

Phone: _____

TREASURER'S USE ONLY

Amount \$ _____ Cash _____ Check # _____ Date _____
Month / Day / Year

Deposited By _____ Date _____
Month / Day / Year