

Sky Valley Property Owners Association Membership Form

Please **clearly print** all information and send your **check** to:
SVPOA, 614 Sky Valley Way #155, Sky Valley, GA, 30537
Dues: \$70 for a family / \$40 for an individual www.skyvalleypoa.net
Renewals are due **OCTOBER 1** for next year.

First and Last Name: _____

Partner First and Last Name: _____

Additional Owners: _____

(Do not include children unless they are co-owners)

RENEWAL: Check if No Changes OR Write Changes Below

Local Address: _____ Box# _____

City, State, Zip _____

Local Phone: _____

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