

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: _____

First and Last Name: _____

How did you first hear about Sky Valley? _____

Why did you decide to buy in Sky Valley? _____

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