

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: January 1-March 31 to be included in the annual directory.

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):

Name

Email

Cell phone

Name

Email

Cell phone

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