



# Stone Ridge Community Membership Application

Address \_\_\_\_\_ Main Phone \_\_\_\_\_

All **permanent** Stone Ridge Association Members must complete this application in its entirety and submit in person at the Association Office. All household members five years and older must present legal documentation (*driver's license, birth certificate, passport, military ID, etc.*) to verify both identity and age. New owners must provide HUD-1 or Closing Disclosure Statement with this form. The Community Membership ID Card will serve as admission to Community Property, the pool(s) and Association sponsored events. Fitness Center key cards are not available to anyone under the age of 18. **Residents are responsible for reading and understanding Community Codes and Amenities Rules.**

- PROPERTY OWNER**
- TENANT**

**All tenants must submit or have on file with the Association a current signed and completed Stone Ridge Memorandum of Lease (not residential lease) with this form. Forms available at Association Office or [www.stoneridgehoa.org](http://www.stoneridgehoa.org)**

**(1) Name** \_\_\_\_\_  
First MI Last  
 Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email address \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*For Office Use Only*

Date Card Issued	Key Card #	Verification	Staff Initials

**(2) Name** \_\_\_\_\_  
First MI Last  
 Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email address \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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**Please list all additional household members on reverse.**

I hereby covenant and agree that I have read and fully understand all policies, procedures, rules and regulations made by the Association for the use, operation & maintenance of all Community Property. I understand that Community Membership ID cards must be carried at all times when utilizing Community Property (including pool) or attending Association sponsored events. I understand that the Association reserves the right to amend these rules at any time.

I, the undersigned certify that each household member that resides in Stone Ridge has been advised of and understands these rules and regulations, as will any visitor or guest.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**(3) Name** \_\_\_\_\_  
First MI Last  
 Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email address \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*For Office Use Only*

Date Card Issued	Key Card #	Verification	Staff Initials

**(4) Name** \_\_\_\_\_  
First MI Last  
 Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email address \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*For Office Use Only*

Date Card Issued	Key Card #	Verification	Staff Initials

**(5) Name** \_\_\_\_\_  
First MI Last  
 Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email address \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

*For Office Use Only*

Date Card Issued	Key Card #	Verification	Staff Initials

**(6) Name** \_\_\_\_\_  
First MI Last  
 Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email address \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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Date Card Issued	Key Card #	Verification	Staff Initials

**(7) Name** \_\_\_\_\_  
First MI Last  
 Cell Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_  
 Email address \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
 Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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Date Card Issued	Key Card #	Verification	Staff Initials