

DIAMONDHEAD POA MEMBERSHIP APPLICATION

Date _____

Name: _____ Spouse: _____

Property Address: _____, Diamondhead, MS 39525

Legal Description: _____
Phase Unit Block Lot

Mailing Address: _____
(If different than property) Street City, State Zip

Phone: _____
Home Work Cell

E-mail Address: _____

Please add me to the Diamondhead POA, The Club at Diamondhead, Golf & Tennis E-mail list: Yes _____ No _____

Dependent children under the age of 21

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Name: _____ DOB ____/____/____ Name: _____ DOB ____/____/____

Emergency Contact Person: _____ Phone _____

Address: _____

I certify that the above information is correct to the best of my (our) knowledge, and request that Membership Cards be issued, as indicated above, in accordance with the rules and regulations of the Association.

Property Owner

Date signed