

**The Pines Homeowner's Association
Membership Form**

P.O. Box 457
Elizabeth, CO 80107

Name: _____

Mailing
Address: _____

Phone: _____

Email: _____

Address of Lot(s) if different:

I, _____ hereby join The Pines Homeowners
(lot owners' name(s)) Association.

I certify that I am the registered owner of lot(s) number(s) _____. I understand
the dues are presently \$6.00 per month, paid annually.

(Signature)

(Date)