

APPLICATION FOR MEMBERSHIP

Consent to Transfer

Lot #	RV Size	Unit #	CB Street Address	Estimated Closing Date
Closing Agent:			Agent's Phone Number:	
Agent's Address:			Agent's Email:	

NEW OWNER INFORMATION

New Owner's Name(s) _____		Are you over 55?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Are you over 55?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Proof of age & Photo ID must be attached to this Application (i.e., Driver's license, Birth Certificate, etc)				
Do you have any ownership in other properties in the park?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, How Many? _____
Mailing Address: _____				
City: _____		State: _____	Zip: _____	
Home Phone: _____		Cell Phone: _____	Email: _____	
Planned use of property:		Seasonal <input type="checkbox"/>	Full-Time <input type="checkbox"/>	Rental <input type="checkbox"/>
				Other <input type="checkbox"/>
If Other Describe: _____				
Do you have pets? Yes <input type="checkbox"/> No <input type="checkbox"/> (Pets prohibited except on lots A1-A32, C2, G33-G54, J1-J48)				
If YES, pet's name/s, age/description/breed/weight: _____				
Pet Photo: Yes <input type="checkbox"/> License: Yes <input type="checkbox"/> Pet Vaccination record: Yes <input type="checkbox"/> Include copy of Photo, license, and pet vaccination records				

**I hereby certify that I have received a copy of the Cypress Bend RV Resort Condominium documents
 I agree to notify the Association of any address change and to abide by the Rules & Regulations of the Resort**

I have been <input type="checkbox"/>	I will be <input type="checkbox"/>	Provided with two (2) keys to the clubhouse facilities & keys to the Post Office Box
Signed: New Owners _____		Date: _____
_____		Date: _____

PREVIOUS OWNER INFORMATION

I hereby certify that we plan to transfer the property to the new owners as indicated and certify I/we have given a copy of the Cypress Bend RV Resort Condominium documents, including the Rules & Regulations.

Signed: Previous Owners _____	Date: _____
_____	Date: _____

Please Complete or answer the following:

1. Return this form to the Cypress Bend office for the required approval, Allow a minimum of 2 weeks for processing.

2. Should we send an original to the closing agent for recording purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3. List your complete forwarding address and phone numbers:

Mailing Address: _____
Phone: _____ Email: _____

Approved By:		Date: _____
Rejected By:	President, Cypress Bend RV Resort Condominium Association, Inc.	
Approved By:		Date: _____
Rejected By:	Vice President, Cypress Bend RV Resort Condominium Association, Inc	
Approved By:		Date: _____
Rejected By:	Secretary, Cypress Bend RV Resort Condominium Association, Inc.	