

SHERWOOD FOREST HOMEOWNERS' ASSOCIATION, INC
705 ARROW LN. KISSIMMEE FL. 34746
MEMBERSHIP APPLICATION FORM

Address _____

Last Name _____ **First Name** _____

Initial _____

Spouse/Other Occupant _____ **Phone Number** _____

E-mail address _____ **Mobile Phone** _____

I (we) the undersigned, being mobile home owners) residing in Sherwood Forest Mobile Home Park, Osceola county, Florida, hereby consent to become member(s) of the Sherwood Forest of Kissimmee Homeowners Association, Inc., in accordance with Section 723.075 and 723.078, Florida Statues.

Annual dues is \$10.00 per Unit.

I (we) further indicate that I (we) waive the right to receive notice of the Annual Meeting by mail, per FS723.078. I (we) understand that the annual meeting notice will be mailed or e-mailed to any member not in residence at that time in Sherwood Forest Mobile Home Park.

Applicant Signature _____ DATE _____

Applicant Signature _____ DATE _____