



**LANCELOT SHORES IMPROVEMENT ASSOCIATION, INC.**

INFORMATION COLLECTED IS FOR INTERNAL USE ONLY AND WILL NOT BE USED FOR OTHER THAN LSIA PURPOSE.  
THIS DOCUMENT DOES NOT REMOVE YOUR RESPONSIBILITY TO PAY ASSESSMENTS LEVIED BY THE LSIA BOARD OF DIRECTORS.

**MEMBERSHIP APPLICATION SUBMITTED \_\_\_\_\_, 20\_\_\_\_**

LOT OWNER NAME(S): \_\_\_\_\_

LSIA LOT ADDRESS: \_\_\_\_\_

SAME AS MAILING ADDRESS (LOT NUMBER, STREET)

MAILING ADDRESS: \_\_\_\_\_

(STREET, TOWN/CITY, STATE, ZIP CODE)

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

EMAIL(S): \_\_\_\_\_

**YES**, PLEASE ADD ME TO THE LSIA EMAIL LIST (FOR LSIA USE ONLY). EMAILS WILL INCLUDE LSIA UPDATES, MEETING NOTICES, ETC. YEARLY ASSESSMENTS WILL CONTINUE TO BE SENT IN THE MAIL.

**No**, I DO NOT WANT TO BE ADDED TO THE EMAIL LIST.

**LSIA MEMBER REQUEST:**

IN ORDER TO BE A MEMBER OF THE LANCELOT SHORES IMPROVEMENT ASSOCIATION, INC., YOU MUST IDENTIFY YOUR INTENTION HERE BY YOUR SIGNATURE. IF MULTIPLE OWNERS, **ALL OWNERS MUST SIGN.**  
THIS IS REQUIRED BY COURT DECREE ON MARCH 29, 2019.

I /We DECLARE TO BE A... (PLEASE SELECT ONE)

**MEMBER** OF LANCELOT SHORES IMPROVEMENT ASSOCIATION, INC.

**NON-MEMBER** OF LANCELOT SHORES IMPROVEMENT ASSOCIATION, INC.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
DATE SIGNED