

# ALLIANCE OF PARK RESIDENCE

P.O. BOX 631  
VENICE, FLORIDA 34284-0631

## MEMBERSHIP APPLICATION

PLEASE PRINT

Name \_\_\_\_\_  
(individual)

Association \_\_\_\_\_

Total Number of Home Sites \_\_\_\_\_

Your Position \_\_\_\_\_  
(President, Vice-President, Secretary, Treasurer, Director, Resident)

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_ Web \_\_\_\_\_

Membership Fee \_\_\_\_\_ Date Paid \_\_\_\_\_ Ck# \_\_\_\_\_

Home Owners Associations — \$1.00 per home site in your Park.

Resident — \$1.00 (This is a beginning fee. It will increase as budget needs increase. Dues Covers a calendar year.)