

If you are a New Member or your information has changed, please complete this form as soon as possible, and return it to your Zone Representative

MLPOA MEMBER INFORMATION 2020

Name: _____

Lake Property Address: _____

(911 Number & Lane or Road)

Mailing Address: _____

Postal Code: _____

Home Phone #: _____ **Lake Phone #:** _____

Cell or Other Phone #: _____

Email Address: _____

(Important for Member communication)

Permanent residents [] **Seasonal residents** [] **Zone #** _____

PLEASE NOTE:

I agree the MLPOA may share the above contact information with the Centre Hastings Fire Department and Emergency Services personnel for use in an emergency.

Signature: _____ **Date:** _____

I wish to become more involved with the MLPOA. Please contact me. []



MOIRA LAKE PROPERTY
OWNERS ASSOCIATION

