

# APPLICATION FOR MEMBERSHIP

Please Print

Association: <b>HIGH TIDE</b>	UNIT NUMBER:
SELLER(S) NAME:	

BUYER(S) NAME:	SPOUSE:
ADDRESS:	
HOME PHONE:	BUSINESS PHONE:

CHILDREN/NAMES & AGES	PETS? ( ) NO ( ) YES, If yes list kind/size

EMPLOYER INFORMATION, (if retired, list former employer)

Company:	Spouse, Company:
Nature of Business:	Nature of Business:

UNIT WILL BE TITLED IN THE NAME OF:

\_\_\_\_\_

CLOSING DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PURCHASE PRICE: \$\_\_\_\_\_

WILL YOUR UNIT BE RENTED? ( ) NO ( ) YES, if yes, list rental agent/phone

Rental Agent:	Phone:
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Emergency Contact:	Phone:
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FINANCIAL REFERENCES:

Bank Name:	Bank Name:
Address:	Address:
Phone:	Phone:

**THE UNDERSIGNED ACKNOWLEDGES THEY HAVE RECEIVED, READ AND AGREE TO ABIDE BY THE GOVERNING DOCUMENTS, AMENDMENTS AND BY-LAWS. APPLICANT(S) HEREBY GRANT(S) THE ASSOCIATION PERMISSION TO MAKE CREDIT AND BACKGROUND CHECKS AS IT DEEMS NECESSARY.**

\_\_\_\_\_  
APPLICANTS SIGNATURE  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date

\_\_\_\_\_  
SPOUSE SIGNATURE  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date

THE CONSENT TO TRANSFER WILL BE MAILED TO THE CLOSING AGENT AS LISTED BELOW:

Title Company/Attorney Name:
Address:
Phone: Fax:

**IMPORTANT:** In order to provide a consent to transfer to your closing agent, we must receive the following **at least 20 days** prior to closing: **Completed** Application for Membership

- Copy of Sales Contract
- Administrative Fee/Application/Consent Fee (see below)

THIS APPLICATION IS FOR: **HIGH TIDE**

FEE FOR THIS PROPERTY IS: **\$75.00**  
(amount)

Return completed Application w/Check Payable to:

Sutor & Associates, Inc.  
15751 San Carlos Blvd #8  
Ft. Myers, FL 33908

(239) 437-0340 Fax: (239) 437-9378

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**