

HICKORY LAKE CAMPGROUND COOPERATIVE ASSOCIATION APPLICATION FOR MEMBERSHIP

Dear Applicant(s),

The Board of Directors for Hickory Lake Campground Cooperative Association (HLCCA) desires to create a fun, safe and caring community of owners. For the benefit of all current and future owners, the Board of Directors requires that a criminal background check be performed on all new applicants. The form "Authorization for Release of Information Agreement" must be filled out by all of the adult applicants (one for each). HLCCA will provide this information to a professional background agency to perform the background check. Your personal information will not be used for any other purpose than to complete this background check and will only be reviewed by the Board of Directors.

The application also requests information about campgrounds where you have stayed as a seasonal guest (if applicable). The Board of Directors may contact these campgrounds as references.

There is a \$100 administration fee due with this application. Upon the receipt of the fee, application, and signed Authorization for Release of Information Agreement, the Board of Directors has 10 days to either accept or decline membership into the association. If accepted, the board president will notify the applicant(s) so that a closing date may be established. If declined, the board president will notify the applicant(s) so the contract to purchase can be cancelled.

We appreciate your understanding and patience while the association processes this application and gathers the background check.

Sincerely,

President, Hickory Lake Campground Cooperative Association



HICKORY LAKE CAMPGROUND COOPERATIVE ASSOCIATION APPLICATION FOR MEMBERSHIP

Please fill out the entire appli	cation.		
Full Name of applicant(s)			
Address			
	,		
Phone number(s)			
E-mail(s)*			
	(*optional, but will	be used to communic	ate with co-op members)
Name(s) and age(s) of applications	ant's dependents (if	applicable)	
Type and breed of pets (if app			
Type and breed of pets (if up)	incusic)		
Campsite to be purchased:			

Please provide the following information on you	r camping unit:
Make and Model:	
Year Built:	
Dimensions:	
Please provide any campgrounds where you prev	viously stayed as a seasonal guest/owner:
Name of Campground:	
City, State:	Dates Occupied:
Name of Campground:	
City, State:	Dates Occupied:
Please indicate if you have any interest working	with the cooperative as a member of the:
Grounds Committee (reviews/assesses needs for road maintenance, docks, overflow parking, mowing and lawn care.) Structural/Buildings Committee (reviews/assesses need related to the maintenance/repair of buildings on the property.)	Social/Activities Committee (plans and organizes campground activities) Gardening/Landscaping Committee (oversees annual landscaping planning and plantings, as needed)
Applicant Signature	Date
Applicant Signature	Date
For HLCCA Purposes Only	
Date of Receipt\$10	0 Admin/Processing Fee Paid
Approved	
Denied Reason	

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

I hereby authorize law enforcement agencies to release information relative to my application for membership in the Hickory Lake Campground Cooperative Association. This authorization releases you, your organization and all others from liability or damages of whatever kind.

Further, I authorize Hickory Lake Campground Cooperative Association and/or its contracting agency to conduct any investigation necessary for related matters of concern.

I understand that releasing my date of birth is used exclusively for the purpose of verifying my age during the investigation process.

This authorization may be photocopied or faxed and will be valid as the original.

Please **PRINT** clearly.

First Name	Middle Name	Last Name	
	used or known by in the pa	•	
	onth Day		
Social Security Number	r:		
Drivers License Number	er:	State of Issue:	
Is your photo identifica	ation state issued?	Is it current and valid?	
Please explain if you ar	nswered "No" to either ques	stion above.	

City City City	State	
City	State	Zip
		Zip
City		
	State	Zip
City	State	Zip
City	State	Zip
City	State	Zip
•		fewer),
	Level:	
	City City last 15 years or back to agons. If no convictions, ple	City State City State last 15 years or back to age 18 (whichever is ons. If no convictions, please write "None."

Current Address: