



Anderson Springs Homeowners' Association
P. O. Box 43
Middleton, CA 95461
707 987-0277

APPLICATION for Membership:

Name: _____

Mailing Address: _____

Physical Address in Anderson Springs: _____

Phone Number in Anderson Springs: _____

Parcel # (*if available*) in Anderson Springs: _____

Other Address: _____

Other Phone #'s: _____

Number of household members: _____

How many members will use the Recreation Center? _____

I agree that members of my household will abide by all the rules and signs that are posted at the Recreation Center. I understand that if they break the rules, my membership may be forfeited.

Signature

Date