

**APPLICATION FOR PROPERTY OWNER MEMBERSHIP
TRAIL'S END HOMEOWNERS ASSOCIATION
P. O. BOX 1191
CEDAR PARK, TX 78630-1191
TLSmithPark.org
(E-MAILED APPLICATIONS WILL NOT BE ACCEPTED)**

Primary Applicant:		Secondary Applicant:	
Primary Phone:		Secondary Phone:	
eMail Address:		eMail Address:	
Mailing Address:		Trails End Address: (If different from mailing address)	
Street Name & Number		Street Name & Number:	
City:		City:	
State:	Zip:	State:	Zip:
Membership Fee: \$150 (\$175 after June)		Payment Method:	
Period of Membership: June 2022 – May 2023		Applicant is (Circle One) Property Owner Associate Member	
Members are allowed up to three additional phone numbers that can access the Park:			
Name:	Relationship:	Phone#:	
Name:	Relationship:	Phone#:	
Name:	Relationship:	Phone#:	

I understand that there is not a life guard or supervision of the park area facilities. I accept responsibility to help maintain and/or upgrade the community, the park, the recreation area, and common grounds.

I hereby release Trails End Homeowner's Association, its officers, and members, from any and all liability for any accident or injury to myself, my family, or my property, and indemnify and hold harmless Trail's End Homeowners Association, Inc. from any claims or suits for damages of personal injury or property damage by myself, members of my family, or guests, including damages, attorney's fees, and court costs incurred in defending or paying any such claim or suit.

I have received a copy of and understand the Association By-Laws and Park Rules and Regulations and agree to abide by those laws and park rules. Further, I agree to reimburse Trails End Homeowners Association, Inc. for any damages incurred due to negligent actions by myself or my guests during the period of this membership. In the event that I do not fulfill my agreement of the above, I agree that my membership and privileges may be rescinded.

I understand that this membership fee is not refundable for any unused portion of the terms of this contract. I understand that if my membership fee is paid after June 30, a late payment of \$25.00 will be assessed.

_____ (Applicant's Representative's Signature) _____ (Date)

_____ (Printed Name)



AUTHORIZED:

_____ (Director or Board Member's Signature) _____ (Date)

_____ (Printed Name)