

APPLICATION FOR ASSOCIATE MEMBERSHIP
TRAILS END HOMEOWNERS ASSOCIATION
 9803 Trails End Rd.
 Leander, TX 78641
<https://www.tlsmithpark.org/>

Primary Applicant:		Land Owner:	
Primary Phone:		Phone:	
email:		email:	
Trails End Address: LOT#		Mailing Address:	
Street:		Street:	
City: State: Zip:		City: State: Zip:	
Membership: June 2024 - May 2025 Membership Fee: \$150 (No refunds or prorated fees) <input type="checkbox"/> Check box if you consent for your email & phone# to be shared with committee members.		Payment Methods (check one): CASH CREDIT CARD CHECK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *Payments accepted 2 hours before the June meeting. Checks can be mailed, hand delivered or dropped in 9803 Trails End mailbox	
Members are allowed up to three additional phone numbers within their household that may access the Park:			
Name:	Relationship:	Phone#:	PAL Gate Access
			= Free
			= Free
			= 1 x \$10
			= 1 x \$10
			= 1 x \$10
		Total Due	

By initialing this box I, _____ acknowledge that all members listed are fourteen (14) years of age or older.

I understand that there is not a lifeguard 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 Homeowners 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 In the event that I do not fulfill my agreement of the above, I agree that my membership and privileges may be rescinded.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 my property owner/landlord must be a paid member of TEHOA in order for my associate membership to be valid. I understand that if my membership fee is paid after June 30, a late payment of \$25.00 will be assessed.

 (Applicant's Signature) (Applicant's Printed Name) (Date)

 (Property Owner's Signature) (Property Owner's Printed Name)

AUTHORIZED:

(Director or Board Member's Signature)

(Printed Name)

(Date)