

APPLICATION FOR ASSOCIATE MEMBERSHIP

TRAIL'S END HOMEOWNERS ASSOCIATION

9803 Trails End Rd.

Leander, TX 78641

<https://www.tlsmithpark.org/>

Primary Applicant:			Land Owner:		
Primary Phone:			Phone:		
Email: (Please type or print legibly)			email: (Please type or print legibly)		
Trails End Address:			Mailing Address:		
Street:			Street:		
City:	State:	Zip:	City:	State:	Zip:
Membership: June 2026 - May 2027 Membership Fee: \$150 (No refunds or pro-rated fees) \$175 if paid after June 30 2026 ☐ Check box if you consent for your email & phone# to be shared with committee members.			Payment Methods (check one): ☐ CASH ☐ CREDIT CARD or CHECK Number: *Cash, check or CC accepted 2 hours before June meeting. Checks can be mailed or dropped in mailbox at 9803 Trails End Rd.		
Members are allowed up to three additional phone numbers within their household that may access the Park:					
Name:	Relationship:	Phone#:	PAL Gate Access		
Primary Applicant	N/A	Noted Above	= Free		
Secondary Applicant			= Free		
			= 1 x \$12		
			= 1 x \$12		
			= 1 x \$12		
		Total Due			

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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 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 In the event that I do not fulfill my agreement of the above, I agree that my membership and privileges may be rescinded.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. I understand that in order to vote at the annual meeting I must have dues fully paid at least two hours before the meeting start time.

(Applicant's Signature)

Applicant's Printed Name

(Date)

(Property Owner's Signature)

(Property Owner's Printed Name)

AUTHORIZED:

(Board Member's Signature)

(Date)

(Printed Name)