



KW PROPERTY MANAGEMENT & CONSULTING

Member Information Card

Association Name: **Paseo Condominium Association, Inc.**

Please print clearly

Property Address: _____

Property Owner Name: _____ E-Mail Address: _____

Preferred Mailing Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Office Phone: _____

Mobile Phone: _____ Carrier (ex. AT&T, Sprint, etc.) _____

Seasonal or full-time resident: _____

Website: Display contact information via the website directory: Opt In: _____ Opt Out: _____

Occupant Information

Name: _____ Relationship: _____

Home Phone: _____ Office Phone: _____

Mobile Phone: _____ Carrier (ex. AT&T, Sprint, etc.) _____

Renter Information

Name: _____ Lease Start Date: _____ Expiration Date: _____

Home Phone: _____ Office Phone: _____

Mobile Phone: _____ Carrier (ex. AT&T, Sprint, etc.) _____

Emergency Contact

Name: _____ Relationship: _____

Mailing Address: _____

City, State, and Zip Code: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

E-Mail Address: _____

PETS

Do you have any pets? ___ Yes ___ No –If yes how many? ___ Breed? _____

Picture _____ Weight _____ Age _____

VEHICLE INFORMATION:

Tag # & State: _____ Year: _____ Make: _____ Model: _____ Color: _____

Tag # & State: _____ Year: _____ Make: _____ Model: _____ Color: _____

Signed: _____ Date: _____