Windstone Community Association II, Inc.

Windstone and Black Walnut Trails Units 6, 7 & 8

Membership Information Form

${\bf Email\ completed\ form\ to: manager@windstonehoa.com}$

Fax Number: 972.466.9505

Lot Number:		Date:
Last Name:		First Name:
Spouse's Name:		Child's Name:
Child's Name:		Child's Name:
Child's Name:		Child's Name:
Unit Address:		
Mailing Address (if differe	nt):	
Home Phone Number:	Cell Phone Nur	mber: Work Phone Number:
email (primary):		email (secondary):
Emergency Contact:		
Please include the followi	ng information in the directory (che	eck all that apply):
Name(s)	Telephone Number(s)	Mailing Address (if applicable)
Address	Primary email address	Do not include my information in the directory
	e Association intends to protect your inform parties associated with the Association.	ation and will never knowingly sell or distribute personal membership information outside
Your name here serves as your electronic signature:		

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