## **CRECIENTE CONDOMINIUM ASSOCIATION, INC.**

7150 ESTERO BLVD., FORT MYERS BEACH FLORIDA 33931 PHONE: (239) 463-9604 FAX: (239) 463-4071

## **MEMBERSHIP APPLICATION**

TO: BOARD OF DIRECTORS

DATE: \_\_\_\_\_

UNIT # \_\_\_\_\_

I (WE) HEREBY APPLY FOR MEMBERSHIP IN CRECIENTE CONDOMINIUM ASSOCIATION, INC. I (WE) HAVE ATTACHED THE FOLLOWING:

- (1) AN EXECUTED COPY OF THE "CONTRACT FOR SALE AND PURCHASE AGREEMENT"
- (2) (2) TWO LETTERS OF RECOMMENDATION
- (3) DRIVER'S LICENSE/ID COPIES & SOCIAL SECURITY CARD(S) COPIES
- (4) \$100 TRANSFER FEE
- (5) \$50 FEE FOR A COMPLETE SET OF CONDOMINIUM DOCUMENTS (when applicable)

I (WE) HAVE RECEIVED AND REVIEWED THE GOVERNING DOCUMENTS (DECLARATION, BY LAWS, RULES & REGULATIONS), ANNUAL FINANCIAL REPORT AND THE FREQUENTLY ASKED QUESTIONS OF CRECIENTE CONDOMINIUM ASSOCIATION, INC., AND AGREE TO COMPLY WITH THE PROVISIONS OF THE SAME.

I (WE) AGREE TO FURNISH THE ASSOCIATION WITH A COPY OF THE RECORDED WARRANTY DEED AND UNDERSTAND THAT MEMBERSHIP BECOMES EFFECTIVE UPON RECORDATION.

I (WE) ALSO UNDERSTAND THAT ALL MAINTENANCE FEES AND/OR SPECIAL ASSESSMENTS <u>MUST BE PAID IN FULL</u> <u>PRIOR TO CLOSING.</u>

PHONE # ()	FAX #		CELL # ()	
WORK # ()	E-MAIL			
ADDRESS				
BUSINESS / PROFESSION		NAME OF COMPANY		
BUSINESS ADDRESS				
IF RETIRED, PLEASE STATE FORMER BU	JSINESS OR PRO	FESSION:		
MARITAL STATUS: MARRIED ( ) SING	GLE ( ) OTHER (	) NAME OF SPOUS	E	
CHILDREN NAME(S) AND THEIR AGE(S):				
CHILDREN NAME(S) AND THEIR AGE(S):NAME	AGE		NAME	AGE
(, (,			NAME	AGE
NAME	AGE		NAME	AGE
NAME	AGE AGE YES ( ) N	IO ( ) DOG (	NAME ) CAT() BIRD	AGE ( )