

Notice: Even if you choose not to become a dues paying member at this time, please use this form to provide or change your e-mail address so we can keep you informed about issues affecting our neighborhood.

PROPERTY OWNER INFORMATION FORM

Use This FORM to PAY YOUR MEMBERSHIP DUES (or invite a neighbor to join HPHA if you've already paid)

Member #1: _____ Member #2: _____

Property Address: _____, Harrison Twp., MI. 48045

Mailing Address (if different than property address): _____

E-mail: _____ Phone: _____

Sponsor (optional): _____ ☐ Check here if you DO NOT wish to become a member

HPHA ANNUAL MEMBERSHIP IS \$25.00/HOUSEHOLD

Each membership shall be limited to two members, each of which shall be either a co-owner or co-resident

By-laws available at: www.HPHA.us

MAKE DUES CHECK PAYABLE TO: HPHA and mail with this form to:

HURON POINTE HOMEOWNERS ASSOCIATION

39456 Lakeshore Dr.

Harrison Twp., MI 48045