

**Hot Springs Village Property Owners' Association**  
**895 DeSoto Boulevard**  
**Hot Springs Village, AR 71909**  
**501.922.5556**

**Dependent Membership Card Application**

Name \_\_\_\_\_  
(as it appears on your POA membership card)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Lot \_\_\_\_\_ Block \_\_\_\_\_ Addition \_\_\_\_\_ POA Account Number \_\_\_\_\_

Please furnish dependent cards for the people listed below. I understand that this is an extension of my privileges as a member of the Hot Springs Village Property Owners' Association and will be responsible for their conduct.

Eligible dependents are those that meet **ALL** of the following criteria: related by blood or by law to the member; provided living facilities by the member; are solely, or partially dependent on the member, or mentally, or physically disabled; and accepted by the IRS as a dependent.

Name	Birth Date	Relationship	ID Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

**Accounting Use Only**  
Card(s) completed by \_\_\_\_\_