

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

**Temporary Dependent Card for  
Recreational Facilities (excluding Golf)**

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

Address \_\_\_\_\_

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

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

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

I attest that the child/children listed below are under the age of 16. I understand this is an extension of my privileges as a member in good standing of Hot Springs Village POA.

This card entitles the child to Property Owner rates for all recreational facilities, except golf.

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

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