



**DEPENDENT CARD APPLICATION  
(NEW OR RENEWAL)**

Member Name (Primary): \_\_\_\_\_

Member Number: \_\_\_\_\_

Lot/Block/Addition: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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; solely, or partially dependent on the member; accepted by the IRS statute as a dependent.

I attest that the person(s) listed below are eligible members of my family as described above. I understand this is an extension of my privileges as a member in good standing of the Hot Springs Village Property Owners Association.

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>BIRTHDATE</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_