



**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.

NAME	RELATIONSHIP	BIRTHDATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Date: _____