



# MEMBERSHIP PROFILE

(PLEASE PRINT ALL INFORMATION)

**There is a \$25 Fee Per Person Applying for Membership**

**(Initial and complete each item)**

1.  I am purchasing a lot from a current owner: Glen \_\_\_\_\_ Lot \_\_\_\_\_
- I am a co-owner: Glen \_\_\_\_\_ Lot \_\_\_\_\_
- I am just looking to purchase a lot.

**2. PERSONAL INFORMATION:**

- a. Name: \_\_\_\_\_
- b. Current Address (Permanent street address only, NO post office boxes):  
 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_
- c. Mailing Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_
- d. Length of time at current address: \_\_\_\_\_
- e. Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email Address: \_\_\_\_\_
- f. Emergency Contact (Name, Relationship, and Telephone Number):  
 \_\_\_\_\_

**(Initial and complete each item)**

3.  I acknowledge that I must provide the following documents for identification purposes:
  - a. A valid state driver's license (or photo identification/city identification card), and
  - b. A copy of a current utility/homeowners or renter insurance/mortgage/voter's registration/vehicle registration in my name with my permanent address. Address on both A & B must match and no PO Box's.
4.  I acknowledge that I will provide a copy of the Deed upon the purchase of a lot and/or addition to the Deed to the Indian Acres Club of Thornburg, Inc. (IACT) Administration office.
5.  I acknowledge that all property owners are members of IACT and accept responsibility for payment of annual membership dues.
6.  I acknowledge if I have not purchased a lot within 120 days, a new membership profile must be completed.
7.  I acknowledge that the above information will undergo both review and verification through internal records and external resources.

**I acknowledge that all property owners and their guests are restricted from using IACT as their permanent residence. Initial**

I affirm all information provided herein is true and accurate to the best of my knowledge, and I agree to abide by all recorded covenants, bylaws, and all IACT rules and regulations that convey with becoming a member. **All covenants, bylaws, and all IACT Rules & Regulations can be found on our website at [Indianacres.org](http://Indianacres.org). Please do not make any improvements to your lot until you speak with Site Control 540-582-6444.**

**I am aware by buying a lot that I will be responsible for annual dues which are due November 1st of each year.**

**2022/2023 Annual Dues are \$1,536.00. At the time of purchase the annual dues are subject to be pro-rated.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(Membership Profile Application and documents can be emailed to [info@indianacres.org](mailto:info@indianacres.org))**



IACT does not discriminate on the basis of race, color, gender, age, national origin (ancestry), religion, creed, sexual orientation, disability or veteran's status.

The ASSOCIATION shall provide lot owners and immediate family identification that entitles the full use of the amenities comprised of common areas owned by the ASSOCIATION, so long as owner does not become a delinquent member. Members of the immediate family shall include the spouse of such owner and the minor children of same, plus those major children and/or the parents of the owner and/or spouse and minor grandchildren of owner and/or spouse who reside in the primary residence of said owner.

Please list the names, date of birth, and relationship of eligible individuals for whom you are requesting identification cards:

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extended Family Pass Information

Please list information for any Grandchildren who do not reside with the property owner. Note that cards of the grandchildren will expire when they reach 18 years old. Must show proof as required for these passes.

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owner's Choice Pass

Please list information for one person chosen by the property owner. Note: \$25/fiscal year

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship (friend, Significant Other, etc.)</u>
_____	_____	_____

Do Not Write Below This Line  
-----OFFICE USE ONLY-----

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

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

Director of Operations: \_\_\_\_\_ Date: \_\_\_\_\_

