

ARTICLE 5.01
NEW MEMBER APPLICATION

welcome to lake wildwood association



ASSOCIATION OFFICE
1000 LAKE WILDWOOD DR.
VARNA, ILLINOIS 61375

(309) 463-2047
WWW.LAKE-WILDWOOD.COM

ARTICLE V

MEMBERSHIP IN THE ASSOCIATION

No person may hereafter become a member of the Association unless he shall have an interest as an owner in the real estate in the Lake Wildwood Development, Marshall County, Illinois. Each such person, upon acceptance by the Association, shall become a member of the Association and shall be entitled thereafter, except as may be hereinafter provided, to all of the privileges of such membership as recognized by the Association.

Only one membership may be considered for any given lot.

A membership shall include the married spouse or partner by civil union of the person in whose name title to the lot is taken. The annual dues, or assessment levied against members by the Board of Directors, shall be levied against each member of the Association, except that a husband and wife or legal partnership by civil union shall be obliged to pay only one such assessment or dues for each lot owned.

LOT NUMBER(S)

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MEMBERSHIP AGREEMENTS

(I/We) hereby apply for membership in Lake Wildwood Association, Inc. It is understood that pursuant to Bylaw 5.01, the Association recognizes only one membership per lot.

DATE

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(I/We) agree to pay the non-refundable Application for Membership fee which accompanies this application, unless I am already a member, in which case no application fee is due.

APPLICATION FEE

\$300.00

(I/We) agree to pay annual membership dues in an amount determined by said Association Board of Directors as an annual dues charge. *(I/We)* understand that this fee is due and payable on or before the 1st day of March of each year hereafter. *(I/We)* acknowledge that payment of the annual dues charge is required in order that we may remain a member of Lake Wildwood Association.

NEWS & ALERTS BY EMAIL

Life at the lake shifts with the seasons. To help you stay connected, we send occasional monthly email updates, along with news shared on our Facebook page and in our printed newsletter, the *Sunbeam*.

(I/We) further agree to provide to the Association a copy of the recorded deed or legal documents representing my/our interest in property within the Lake Wildwood Association recorded boundaries. *(I/We)* understand that no membership privileges will be granted until such time as all documents and fees are received, processed and acceptance into the membership of Lake Wildwood Association is completed.

If you'd like to receive updates using the email(s) provided in this application, please indicate so below:

(I/We) agree to be bound by and comply with the Lake Wildwood Association, Inc. Restrictive Covenants, Bylaws and Rules & Regulations.

(I/We) acknowledge receipt of the following documents:

- Restrictive Covenants & Bylaws (*Blue Book*)
- Rules & Regulations (*Red Book*)

MEMBER EMAIL

**SPOUSE/PARTNER/
CO-OWNER EMAIL**

(I/We) understand that falsification of any part of this application will result in the forfeiture of any membership rights which may be granted.

(I/We) agree to update this application at no charge whenever information changes.

You may also register anytime online by visiting the Lake Wildwood website (*Contact Section* —> *Mailing List*).

MEMBER DETAILS

REQUIRED

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ PHONE: _____

SPOUSE/PARTNER/CO-OWNER DETAILS

IF APPLICABLE

NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
EMAIL: _____ PHONE: _____

EMERGENCY CONTACTS

MEMBER & SPOUSE/PARTNER/CO-OWNER

NAME: _____ RELATIONSHIP: _____
PHONE: _____ CONTACT FOR: MEDICAL EMERGENCY PROPERTY EMERGENCY
NAME: _____ RELATIONSHIP: _____
PHONE: _____ CONTACT FOR: MEDICAL EMERGENCY PROPERTY EMERGENCY

EMERGENCY CONTACTS

(I/We) hereby authorize the Association to contact the above people for the following purposes. (I/We) hereby recognize and agree that (my/our) provision of this information shall not be construed in such a manner so as to create a duty on the Association, and in the event the Association does not avail itself of this information to contact (me/us), there shall be no liability, claim, or other imposition upon the Association by virtue of the Association having this information.

SIGNATURE(S)

REQUIRED

MEMBER NAME: _____ DATE: _____
MEMBER SIGNATURE: _____
SPOUSE/PARTNER/CO-OWNER NAME: _____ DATE: _____
SPOUSE/PARTNER/CO-OWNER SIGNATURE: _____