

Cape Cod Village Club, Inc.

Tax lot number: _____ (Will be filled in by CCVC Board)

Name as it appears on deed: _____

The property is owned by: Individuals Trust Partnership Corporate

Limited Liability Company (LLC) Other (specify): _____

CCVC Address: _____ Hague, New York 12836

CCVC Mailing Address (if different from above address): P.O. Box _____ Hague, New York 12836

CCVC Phone Number: _____

Who is the membership representative: _____

Do you want your spouse to be a member: Yes No N/A

Owner Names: (list all individuals, partners, trustees, members of LLC, corporate officers with titles and contact information)

First Name _____ Last Name _____ Title _____

Address _____

Town _____ State _____ Zip Code _____

Phone # _____ home cell Alternate # _____ cell work

Email _____

Would like to receive CCVC notifications yes no If yes, preferred method: email U.S. mail

First Name _____ **Last Name** _____ **Title** _____

Address _____

Town _____ **State** _____ **Zip Code** _____

Phone # _____ **home** **cell** **Alternate #** _____ **cell** **work**

Email _____

Would like to receive CCVC notifications **yes** **no** **If yes, preferred method:** **email** **U.S. mail**

First Name _____ **Last Name** _____ **Title** _____

Address _____

Town _____ **State** _____ **Zip Code** _____

Phone # _____ **home** **cell** **Alternate #** _____ **cell** **work**

Email _____

Would like to receive CCVC notifications **yes** **no** **If yes, preferred method:** **email** **U.S. mail**

First Name _____ **Last Name** _____ **Title** _____

Address _____

Town _____ **State** _____ **Zip Code** _____

Phone # _____ **home** **cell** **Alternate #** _____ **cell** **work**

Email _____

Would like to receive CCVC notifications **yes** **no** **If yes, preferred method:** **email** **U.S. mail**

Attach additional pages if needed for additional names