

Brookfield Country Club Homeowners Association Membership Form

NAME(s): _____

ADDRESS: _____

TELEPHONE(s): _____

E-MAIL: _____

(NOTE: EMAIL ADDRESSES WILL BE USED EXCLUSIVELY FOR BCCHOA COMMUNICATION)

Please circle **YES** or **NO** for the following options:

- | | | |
|---|-----|----|
| • Would you serve on a committee? | YES | NO |
| • Would you serve on the Board of Directors? | YES | NO |
| • Would you like to be listed in the Directory? | YES | NO |

If YES, we'll use the information listed above, plus optional information below.

OPTIONAL DIRECTORY INFORMATION:

Children: (Please list gender & age only, no names; I.E. Male-11 or Female-12)

Household members who would like to be listed for babysitting, pet care, yard care or similar neighborhood services (no commercial businesses, please):

Make check payable to BCCHOA in the amount of \$75.00

Mail form and payment (checks only) to:

Brookfield Country Club Homeowners Association

Post Office Box 800095

Roswell, GA 30075

THANK YOU FOR JOINING US!