



Member Survey Form

Member Type: Tenant/Owner Vendor

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: _____ Cell: _____

Email Address: _____

Notify me of all announcements: Yes No

Include me in member's directory: Yes No

Authorize community to communicate with me via email: Yes No

I am a: Owner Tenant Vendor

Current account balance: \$ _____

Member in which Community's: _____

List Units owned or rented: _____

Vendor Information (if applicable)

Company Name: _____

Tax ID number (EIN or TIN or SSN): _____

License Number (if applicable): _____

Vendor is 1099 eligible: Yes No

Current account balance: \$ _____

Community's serviced: _____

Description of Service Provided: _____