

APOHA

Alliance of Port Orange Homeowners Associations

Apoha.net

MEMBERSHIP APPLICATION

Please PRINT all information

ASSOCIATION NAME: _____ **Date** _____

Mailing Address: _____

Type: Homes ____ Mobile ____ Manufactured ____ Townhomes ____ Villas ____ Other ____

Number of Units: _____ **HOA Website Address:** _____

Is Association Self-Managed? Y / N

If not, name of management company: _____

ASSOCIATION PRESIDENT: _____

Address: _____

Telephone: _____ **E-Mail:** _____

Date of Next Election: _____

Will President be the Voting Delegate: Y / N

If not, Designated Delegate will be:

Name: _____ **Position:** _____

Address: _____

Telephone: _____ **E-Mail:** _____

ALTERNATE APOHA DELEGATE

Name: _____ **Position:** _____

Address: _____

Telephone: _____ **E-Mail:** _____

Please enclose the application and mail to:

Alliance of Port Orange HOAs
P.O. Box 291174
Port Orange, FL 32129