

FALLS RUN COMMUNITY ASSOCIATION

Resident Registration Form

If updating account/ directory information be sure to list both residents if more than one should reside at the property and the changes to be made. Please include a non-resident emergency contact(s) information so we can be sure to have the most accurate information available.

For replacement cards only the resident requesting the new card needs to be listed. Please include a non-resident emergency contact(s) information so we can be sure to have the most accurate information available.

Type of Resident (Circle one): H o m e o w n e r T e n a n t H o u s e h o l d M e m b e r

Activity Card Type (Check One): New Resident Information/ Directory Update Replacement Card

Property Address: _____

Mailing Address (if different than above): _____

Consent to Publish Your Information Please **Initial** for information you **wish** to have **published** in the printed directory or on the Falls Run Website. If you **do not initial anything**, only your street address and name will be published.

<u>Please Print</u>			
Resident 1	Initial Publish	Resident 2	Initial Publish
Last Name: _____		Last Name: _____	
First Name: _____		First Name: _____	
Home #: _____	_____	Home #: _____	_____
Cell #: _____	_____	Cell #: _____	_____
Email: _____	_____	Email: _____	_____
Activity Card # _____		Activity Card # _____	

Non-Resident Emergency Contact Information (not for publication):

Name: _____

Name: _____

Home Phone Number: _____

Home Phone Number: _____

Other Phone Number: _____

Other Phone Number: _____

Relationship: _____

Relationship: _____

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FRCA Website: www.fallsrun.org

Resident 1:

FRCA Website Members Area Login (Homeowner or Resident): _____
(Any combination of letters or numbers, case sensitive)

FRCA Website Requested Password: _____
(Any combination of letters or numbers, case sensitive)

Resident 2:

FRCA Website Members Area Login (Homeowner or Resident): _____
(Any combination of letters or numbers, case sensitive)

FRCA Website Requested Password: _____
(Any combination of letters or numbers, case sensitive)

Resident(s) Signature(s)

Date

If the resident is **not an owner**, an owner signature is required to process this registration.

Homeowner(s) Signature(s)

Date

(Required for tenants and Additional Household Members)

******* Activity Cards cannot be issued without the Homeowners signature. *******