

**APPLICATION FOR ASSOCIATE MEMBERSHIP**

THE UNDERSIGNED DOES HEREBY MAKE APPLICATION FOR ASSOCIATE MEMBERSHIP IN THE BLACK HORSE RUN PROPERTY OWNERS’ ASSOCIATION RALEIGH, INC. (BHRPOA) AND DOES HEREBY AGREE TO THE FOLLOWING RULES AND REGULATIONS

- 1. The acceptance of this application for Associate Membership is subject to the approval of the Board of Directors of BHRPOA.
  - 2. I personally shall be responsible for the conduct of, and charges by, my family, my guests, and myself.
  - 3. My family, my guests, and I shall conduct ourselves in an appropriate manner when using the recreational areas or other common properties and abide by the rules, regulations, and by-laws of BHRPOA.
  - 4. The rules contained in the Pool Information document have been received and understood. I understand that rules and age restrictions apply to all members, including both residents and associates. Repeated violations of these rules may result in the denial or revocation of membership.
  - 5. Associate Membership is for the duration of one year beginning May 1, 2016 through April 30, 2017.
  - 6. Membership dues are payable in full within 10 days after receipt of written notification of approval of this application\* in the amount of \$400.00.
  - 7. Any fees that apply to resident members for optional clubs and team membership at BHR do also apply to Associate Members.
  - 8. Membership, if granted, is non-transferable.
  - 9. An Associate Member, after review of the Board of Directors, may be denied membership or membership renewal due to failure to adhere to rules and regulations. Notification of membership denial or termination will be by letter from the BHR Board of Directors.
- Should this situation occur, the Board of Directors would make a final decision, notifying the family by letter within three (3) weeks of their appearance before the Board. There will be no refund of membership dues, partial or total, if the Associate Membership is not re-instated. This procedure does not apply to those applying for initial membership to BHR.
- 10. The Board of Directors is hereby authorized to verify any information contained hereon.

**Date of Application:** \_\_\_\_\_

**Signed:** \_\_\_\_\_

**Make checks payable to: BHRPOA (Black Horse Run Property Owners’ Association Raleigh Inc.)  
\$400.00**

\*Previous Associate Members will not receive written application approval. Approval is automatic unless notified otherwise upon receipt of payment.

continued

Black Horse Run Property Owners' Association Raleigh, Inc.  
11701 Black Horse Run  
Raleigh, North Carolina 27613  
Phone: 919-847-3131 – Business Office

**Applicant's Name:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**State:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work/Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

<b>Dependent's Name (in order of birth)</b>	<b>Gender</b>	<b>Birth Date</b>	<b>Residing with you? Yes/No</b>

**Other Emergency Contact:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Present Employer:** \_\_\_\_\_

**Position:** \_\_\_\_\_