Contact and Notification Preferences

In order to help us increase and improve our membership communications, please complete the following contact preference information and return to the Association Secretary. In order to ensure that we have the most up-to-date contact information for you, we ask that you take a few minutes to complete this form.

Property Owner Name:		_ Email:	
Birth Date: Driver's License (Copy Attached):			· · · · · · · · · · · · · · · · · · ·
SFPOA Address:		· · · · · · · · · · · · · · · · · · ·	Lot No
Other Address:			
Property Owner Name:		Email:	
Birth Date:	Driver's Licens	se (Copy Attached):	
SFPOA Address:			
Other Address:			
Contact Numbers Please list any numbers you wo like us to call. Write 1 for the pre		· •	-
Cell Phone: Altern	nate Phone:	Comments	
Cell Phone: Altern	nate Phone:	Comments	
Emergency Contact Name:	_ Address:		Cell Phone:
Property Owner Notification How would you like to be notified notices.	of important membersh	nip information, e.g., Re	egular or Special Meeting
□ Email:			
☐ Text Message (Please make	sure you listed a cell pl	none number above)	
□ Voice call to your preferred nMay we leave a detailed mes□ Yes□ No	ssage on your answerir	ng machine or voicema	
☐ U.S. Postal Service (<i>Note: M</i>	lost expensive form o	f communication)	
Additional Information If you have specific comments o	r any information you fe	eel we need to know, v	write it here:
Property Owner Signature:		Da	te:
Property Verification by SEPOA	(Date and Verifier Nam	۵)	