



**Annual Application for
Part-time Membership
Rhododendron Water Association**

If you wish to remain or are requesting to be considered for Part -Time Membership status with the Rhododendron Water Association, please return this completed application to:

**RHODODENDRON WATER ASSOCIATION
P.O. Box 163
Rhododendron, OR 97049**

To ensure you qualify for Part-time membership, please read the following paragraph copied from the Rhododendron Water Association By-laws, Article II, Section 2:

(b) Residential Part-Time Members, shall be owners whose dwellings are served by the Association on other than a year-round basis: A *Residential Part-time Member* is defined as an owner who never rents out the dwelling and who maintains a primary residence at other than the premise served by RWA and that the primary residence is listed on the owners Drivers License, Voter Registration Card, State ID Card or other suitable form of identification.

1. List the street address, legal identity or RWA account number of the property requesting Part-time Rhododendron Water Association Membership

2. List the full name and physical address for the legal owner of this private property or lessee of leased property?

Name: _____

Street: _____

City/State/Postal Code: _____

3. Is the property listed in question 2 the permanent residence of the owner or lessee listed above? ____ Yes ____ No
If YES, please provide proof, as explained in By-Laws above, by including a photocopy of either your drivers license, Voter Registration, State ID or other suitable form of identification. If NO, please explain why you are eligible for Part-time membership.

4. Have you or do you plan to charge rent to anyone who uses your property? ____ Yes ____ No
If yes, please explain:

By signing your name as property owner or lessee, the signer attests that the statements given are true and correct and that the requesting property qualifies for Part-time membership as outlined in the RWA By-Laws.

Please print your name _____ Telephone number _____

Sign your name _____ Date _____

Please be sure to sign and return this form by December 15, otherwise, it will be assumed that you qualify for Full-time membership rates. Thank you for helping keep our records current.