



High Vista Amenity Association  
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## POA MEMBERSHIP INFORMATION FORM

(PLEASE RETURN THIS FORM TO HIGHVISTAPOA@OUTLOOK.COM)

We are asking all POA members to please fill out this information sheet completely. **Please PRINT clearly.**

Member ID # (*office use only*) \_\_\_\_\_

Membership Type: (*office use only*) \_\_\_\_\_

Primary Phone # \_\_\_\_\_

Secondary Phone # \_\_\_\_\_

Primary Address: \_\_\_\_\_

Secondary Address: \_\_\_\_\_

Primary City/State/ Zip: \_\_\_\_\_

Secondary City/State/Zip: \_\_\_\_\_

If part-time residents, list month you leave town: \_\_\_\_\_

Month you return: \_\_\_\_\_

### PLEASE LIST ONLY DEPENDENTS WHO LIVE WITH YOU FULL OR PART-TIME

	First	Last Name	Email	Cell Phone	Male / Female	Birth Year
Member						
Member						
Dependents						
Dependents						
Dependents						
Dependents						
Dependents						

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