



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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