

Lake Conway Home Owners Association

Membership Application

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

I want to volunteer my services for the good of LCHOA.

MEMBERSHIP DUES

Application must be accompanied by payment of the appropriate membership fee. Individual Membership is \$12.00 for the remainder of this year. Business Membership is \$25.00 for the remainder of this year.

I have enclosed a Check # _____ Amount _____ Date _____

Your cancelled check will be your receipt.

LCHOA Tax ID is 27-0262218

Mail the completed application and enclose a check (*Payable to LCHOA*) and send to:

**LCHOA
P.O. BOX 865
Mayflower, AR 72106**

**For questions about membership please e-mail: lchoa@lc-hoa.org
Or Call Bill Miller at 501-470-9292**