DATA UP-DATE FORM

Please fill the form out completely. This information is critical to keep our E-Mail and data-base current **HELP US HELP YOU!**

If you don't have E-Mail access or a dedicated fax line, please let us know

DO YOU HAVE ANY CHANGES? OWNERS, MANAGERS, ASSISTANT MANAGERS, TELEPHONE NO., DEDICATED FAX NO., E-MAIL

	MEMBER	_ NON-MEMBER	
COMMUNITY NAME:			# OF SPACES:
COMMUNITY ADDRESS:_			COUNTY:
CITY:	_STATE:	_ZIP:TELE	EPHONE #:
FAX #:	E-MAIL ADDRESS:		
MANAGER(S):	TELEPHONE:		
ADDRESS:		CITY:	STATE:ZIP:
ASS'T MANAGER(S):	TELEPHONE:		
ADDRESS:		CITY <u>:</u>	STATE:ZIP:
OWNER(S):			
			STATE:ZIP:
TELEPHONE #:		FAX#:	
E-MAIL:			