

**DIAMONDHEAD POA MEMBERSHIP APPLICATION**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Property Address: \_\_\_\_\_, Diamondhead, MS 39525

Legal Description: \_\_\_\_\_  
Phase Unit Block Lot

Mailing Address: \_\_\_\_\_  
(If different than property) Street City, State Zip

Phone: \_\_\_\_\_  
Home Work Cell

E-mail Address: \_\_\_\_\_

Please add me to the Diamondhead POA, The Club at Diamondhead, Golf & Tennis E-mail list: Yes \_\_\_ No \_\_\_

Dependent children under the age of 21

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone \_\_\_\_\_

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

I certify that the above information is correct to the best of my (our) knowledge, and request that Membership Cards be issued, as indicated above, in accordance with the rules and regulations of the Association.

\_\_\_\_\_  
Property Owner

\_\_\_\_\_  
Date signed