

# STONEGATE OWNERS ASSOCIATION

## Member Information Form

To help us keep accurate membership files, please complete the following form and return it to us by fax, mail or email.

Lot Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

This address is my (please check one):

Primary Residence       Rental Property       Vacation Residence

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

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone/ Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Best Daytime Contact (Phone or Email): \_\_\_\_\_

**IMPORTANT: If this home is NOT owner occupied please provide the following information:**

Tenant Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Property Management Company (if used): \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Term of Lease and Expiration date: \_\_\_\_\_

Please return to:

Stonegate Owner's Association  
c/o Crystal Lake Property Management Inc.  
63088 NE 18<sup>th</sup> Street Suite 101 ♦ Bend, OR 97701  
PHONE (541) 617-7006 ♦ FAX (541) 617-1599  
EMAIL: bend@crystallakepm.com  
www.crystallakepm.com