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**PGA WEST®  
Fairways Association  
HOMEOWNER INFORMATION FORM**

SBA: \_\_\_\_\_

OWNER NAME(S): \_\_\_\_\_

PGA WEST FAIRWAYS ADDRESS: \_\_\_\_\_

LOCAL HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ALT. CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

\*MAILING ADDRESS: \_\_\_\_\_

**DELEGATE AUTHORIZATION**

**“I, a homeowner in PGA WEST Fairways Association, \_\_\_\_\_ agree or \_\_\_\_\_ do not agree (check one) to the Association printing, releasing or distributing my email address to any SBA Delegate, (your neighborhood representative).**

*By checking “agree,” I understand that the Association may print, release or distribute my e-mail to any SBA Delegate (neighborhood representative) for the purposes of communicating Association matters. By checking “do not agree,” I understand that I am opting out of sharing my e-mail address with any SBA Delegate and by doing so I may not receive important information regarding the Association.*

**MEMBERSHIP LIST OPT OUT (check mark)**

- Do not share my/our name, property address, mailing address, and email address with any other member in response to a request for a copy of the association’s membership list and/or voter list. I prefer to be contacted by alternative process as described in Corporations Code section 8330 (c).**

**GO GREEN / EMAIL TRANSMISSION OF DOCUMENTS (check mark)**

In an effort to “Go Green” the Fairways Association is requesting that you allow management to send certain information via email. Refer to Civil Code sections 4055 & 4045 for more information.

- Sign me up to “Go Green” so I can receive important association information by email transmission rather than bulk mailings.

*Signing up to Go Green allows the Association to send you documents that you are legally entitled to through electronic means (email). Over 75% of your fellow homeowners have enrolled in this program. Not only will you receive documents faster and more efficiently, you will be assisting the Association with savings on administrative costs associated with these required mailers.*

OWNER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*\*Please Complete and Return to P.O. Box 1690, La Quinta, CA 92247 or fax to 760-776-5111\**