

Schooner Cove Associate Membership Application

Name(s) _____

Address _____

City _____ State _____

Zip _____ Phone _____

Alternate

Address _____

City _____ State _____

Zip _____ Phone _____

Date of desired occupancy _____

I am interested in living in a:

____ One Bedroom Apartment

____ Two Bedroom Apartment

I/we enclose a check for \$1,000. I/we understand this will establish my place on the Schooner Cove residency priority list and entitle me to all Associate Membership benefits.

Signed _____

Date Signed _____