

**Ludlow Maintenance Commission**  
**Application For Long-Term Renter Guest Membership**  
**Revised 1/11/12**

Owner's Name: \_\_\_\_\_ Property # \_\_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Renter's Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

**Long-Term Renter - Member Identification Cards:**

Long-term renters, who have paid the annual membership fee, will be issued an identification card. Family members living in the same household will be issued Family Membership Cards as a courtesy on an annual basis for the same term as the Membership Card. These cards will be issued separately to each qualified family member upon the written request of the member to the General Manager. In the case of a minor child, the request for such cards shall contain the name and age of the child and the name of the parent for whom each card is requested. Members are responsible for the actions and conduct of the family members and any guests accompanying the family members while using the facilities.

The Annual Membership Fee shall be pro-rated on a daily basis and reduced to that portion of the remaining number of days in the year from the date of this Agreement to the end of the calendar year or the end of the lease term whichever occurs first.

In the event the unit subject to this Agreement is sold during the course of this Agreement, the fee for the unit covered by the Agreement shall be pro-rated as of the date of the closing. The selling owner must request the refund within 30 days of the closing date. With the above exception membership fees are not refundable.

Please print below the names in which you wish cards issued. Please state if child or parent. Give ages of children.

\_\_\_\_\_  
\_\_\_\_\_

Term of Lease: from: \_\_\_\_\_ to \_\_\_\_\_

**Payment of Annual Membership Fee:**

Fee for \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ + tax = \$ \_\_\_\_\_ is due and payable with this application. Make check payable to LMC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_ Assigned Membership #: \_\_\_\_\_