

Membership Application

The undersigned represents and agrees that he/she has the authority to execute this agreement on behalf of this homeowner association.

Terms and Conditions

1. Annual dues are payable in advance. The first year's dues must be included with this application. Thereafter, members will be billed annually in the anniversary month of joining. Dues are based upon the following schedule:

Association Size	Annual Dues
2 to 25 units	\$120
26 to 50 units	\$165
51 to 100 units	\$240
101 to 150 units	\$315
151 to 200 units	\$390
201 or more units	\$495

2. Members who fail to pay dues will be automatically terminated 90 calendar days after dues become delinquent. Members terminated may be reinstated upon payment of delinquent dues.

3. Memberships may be terminated by written notice to the ECHO office. No refunds of dues will be made for memberships that are terminated early.

4. Adjustments of membership dues may be made from time to time by the ECHO Board of Directors.

5. Each director is entitled to receive a subscription to the *ECHO Journal*. Additional subscriptions are available for \$50 per year to homeowners who live in an ECHO member association but who are not on the board of directors.



Executive Council of Homeowners
1602 The Alameda, Suite 101
San Jose, CA 95126-2308
Tel: 408-297-3246
Fax: 408-297-3517

IMPORTANT: Your membership will not be processed unless payment is received with this application.

Member Information

Association Name

Number of Units _____ Association Type: PD Condominium

Association Street Address

County _____

City/State/Zip _____

Association Business Address

Street Address _____

City/State/Zip _____

Telephone _____

Fax _____

Association Manager/Management Company

Manger/Company Name _____

Address _____

City/State/Zip _____

Telephone _____

Fax _____

E-mail Address _____

Authorized By

Signature of Authorizing Officer _____

Name _____

Title _____

Date _____

Association Survey

Please answer the questions below. This information is used by ECHO in planning member services.

Average monthly assessments: _____

Annual meeting date: _____

Management Type

- Volunteer Self Management
- Management Company
- On-Site Manager
- Other

Amenities

- Pool
- Clubhouse
- Tennis Courts
- Cable TV or Master Antenna
- Security

Does the association have earthquake insurance?

Yes No

Does the association have a web site?

Yes No

If yes, URL: _____

How did you learn about ECHO?



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Member Information

President

Name	Office Term From	To
Address		
City/State/Zip		
Telephone		
Fax		
E-mail Address		

Vice-President

Name	Office Term From	To
Address		
City/State/Zip		
Telephone		
Fax		
E-mail Address		

Secretary

Name	Office Term From	To
Address		
City/State/Zip		
Telephone		
Fax		
E-mail Address		

Treasurer

Name	Office Term From	To
Address		
City/State/Zip		
Telephone		
Fax		
E-mail Address		

Director

Name	Office Term From	To
Address		
City/State/Zip		
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IMPORTANT: Please supply the names of officers/directors to receive issues of the *ECHO Journal*. If your association has more than five officers/directors, please provide their names on a separate sheet of paper and attach it to this application.

