

# 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?



# Membership Application

## 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		
Telephone		
Fax		
E-mail Address		



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

**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.

