

Echo HOA Community Membership Application

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

Terms & 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.

Association Size	Annual Dues
0-25 Units	\$155
26-50 Units	\$205
51-200 Units	\$310
101-150 Units	\$415
151-200 Units	\$520
200+ Units	\$625

2. Members who fail to pay dues will be automatically terminated 30 days after expiration. 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 (limit 5) is entitled to receive a subscription to the ECHO Journal. Additional subscriptions may be purchased through ECHO. All owners in the member HOA are entitled to read the ECHO Journal online and receive the member discount on ECHO events and publications.



5669 Snell Avenue, #249
San Jose, CA 95123-3328

Phone: (408) 297-3246
Fax: (408) 297-3517

Email: info@echo-ca.org
www.echo-ca.org

Member Information

ASSOCIATION NAME # OF UNITS

ASSOCIATION STREET ADDRESS

CITY STATE ZIP

WEBSITE URL (IF AVAILABLE)

ASSOCIATION TYPE: PLANNED DEVELOPMENT CONDOMINIUM TOWNHOUSE STOCK COOPERATIVE
 OTHER

Association Business Address (if self-managed)

BUSINESS ADDRESS

CITY STATE ZIP

DAYTIME PHONE EMAIL ADDRESS

Association Manager/Management Company

MANAGEMENT COMPANY AND/OR MANAGER NAME

MAILING ADDRESS

CITY STATE ZIP

DAYTIME PHONE EMAIL ADDRESS

How did you learn about ECHO?

Survey

Management Type

Volunteer Self-Management

Management Company

On-Site Manager

Other: _____

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Member Information

Board Member

NAME		OFFICER TITLE (PRES, VP, DIRECTOR, ETC)		
STREET ADDRESS		CITY	STATE	ZIP
PHONE	EMAIL ADDRESS			

Board Member

NAME		OFFICER TITLE (PRES, VP, DIRECTOR, ETC)		
STREET ADDRESS		CITY	STATE	ZIP
PHONE	EMAIL ADDRESS			

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STREET ADDRESS		CITY	STATE	ZIP
PHONE	EMAIL ADDRESS			

Authorization & Payment

PAYMENT METHOD:

CREDIT CARD CHECK PAYABLE TO ECHO : # _____

Credit Card # _____

Exp Date (MO/YR) CVV ZIP required

Or call 408.297.3246 to pay by phone!

HOW ECHO USES YOUR INFORMATION

We will never sell or share your personal information with any third party without your express permission.

Mailing Addresses

The directors listed here will receive paper editions of the *ECHO Journal*. All owners in member HOAs may access the *Journal* online.

Email Addresses

We will use your email address to contact you about your membership, remind you about purchases that you have made, send you our e-newsletter, and notify upcoming events.

Every individual may unsubscribe from any type of information that they do not wish to receive.

Online Accounts

An email address is required if you wish to access the *ECHO Journal* online, or access other members-only online content.

Signature below constitutes agreement to all terms and conditions set forth in this contract. Management company may make payments and sign on behalf of board.

NAME TITLE

DATE

AUTHORIZED SIGNATURE