Blue Ridge Property Owners Association, Inc.
924 South Lakeshore Drive, Louisa, VA 23093
Phone: 540-967-1408 FAX: 540-967-4899
www.blueridgeshores.com

MEMBERSHIP REGISTRATION FORM

YEAR: _____

OWNER

Developed LOT #: _____ _____ _____ _____

Undeveloped LOT #: _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____

Name:

Mailing Address:

Phone: _____ Alt Phone: _____

BRS Phone: _____

Email Address: _____

RENTER

Name:

Rental Property Address:

Phone: _____ Alt Phone: _____

Dates of Lease From: _____ To: _____

Auto #1				
	Make	YR.	License #	State
Auto #2				
	Make	YR.	License #	State
Auto #3				
	Make	YR.	License #	State

SEPTIC SYSTEM ANALYSIS

Year Septic Pumped: _____ New House ☐ Year:

*Septic tank should be inspected at the owners expense by a licensed contractor and the tank shall be pumped a **minimum of every 5 years** unless certified by a licensed septic tank contractor as not needing pumping at the time of inspection.*
The property owner shall provide BRS with a signed certificate identifying the inspector / pumper, the date service was performed and the condition of the septic system.

OWNER AUTO INFORMATION

Auto #1			
	Make	YR.	Liability Ins Co & Policy
Auto #2			
	Make	YR.	Liability Ins Co & Policy
Auto #3			
	Make	YR.	Liability Ins Co & Policy
Auto #4			
	Make	YR.	Liability Ins Co & Policy

BOAT REGISTRATION STICKERS

Copy of the State registration card or title (In Members and /or Renters Name) must be on file in the BRS Office.

Boat #1			
	Name	HP	Liability Ins Co & Policy
	State Registration #		Expiration Date
Boat #2			
	Name	HP	Liability Ins Co & Policy
	State Registration #		Expiration Date
Boat #3			
	Name	HP	Liability Ins Co & Policy
	State Registration #		Expiration Date

I certify the above information is accurate and complete, and I agree to abide by the Recorded Restrictions, Articles of Incorporation By-Laws, and Rules and Regulations of Blue Ridge Property Owner's Association, Inc.

Member's Signature: _____ Date: _____

Renter's Signature: _____ Date: _____