



Associate Membership Form

I/we the property owners at _____ Lincoln, NE, request to become associate members in the Cripple Creek Homeowners Association.

I/we understand that this membership will continue until rescinded in writing by either the CCHOA Board or the property owner.

Associate members have the same right privileges as CCHOA members with the exception to voting on CCHOA matters.

I/we agree to pay the membership dues levied by the CCHOA for all years of membership. I/we agree that any unpaid amounts may be listed as a lien against our property. Membership automatically renews each year unless written notification is received 30 days prior to July 1st or by action of removal by the CCHOA Board. Membership dues are generally due July 1st.

Membership dues and assessments will be the same amounts that are due for full CCHOA members. Member Dues in 2023 are \$45 for property that does not abut commons, and \$135 per year if your property abuts the common areas.

I/we agree to follow the CCHOA covenants as listed on the CCHOA web page at www.cripplecreekhoa.com. Use of the commons covenants are listed on 3.pdf.

I/we confirm that our property is located in the Cripple Creek first addition or is adjacent to the CCHOA common area.

Printed Name _____ Printed Name _____

Signed Name _____ Signed Name _____

Address to send due invoice if different from above: _____.

Action by the CCHOA Board

Approved

Date _____

Disapproved Date _____