

**TENANT REGISTRATION / KEY FOB USE AUTHORIZATION FORM
 ASSIGNMENT OF MEMBERSHIP PRIVILEGES FOR TENANTS**

Homeowners are required to register their tenant(s) to the Association by completing this form. In addition to this form, homeowners must be prepared to show their own photo ID, tenant's photo ID, and lease agreement. These will be required in order to transfer the homeowner's membership privileges and key fob use authorization to their tenant(s). Homeowners do not have concurrent rights to use the recreational amenities during the term of any lease or rental agreement.

Owner(s) Name: _____

Mailing Address: _____

Contact Information (Phone & Email): _____

GPN Address: _____

Tenant Information: _____

(PRINT FULL NAME)

(EMAIL ADDRESS)

(PHONE)

(PRINT FULL NAME)

(EMAIL ADDRESS)

(PHONE)

(PRINT FULL NAME)

(EMAIL ADDRESS)

(PHONE)

(PRINT FULL NAME)

(EMAIL ADDRESS)

(PHONE)

Acknowledgement:

I/(We) hereby transfer my (our) rights to use the GPN amenities / facilities for the period starting: _____ until: _____, or until the termination of the tenancy if longer, unless otherwise notified. I/(We) hereby acknowledge full responsibility for the actions of my (our) tenant(s) when using the GPN amenities / facilities and recognize that I/(we) will be held directly responsible for violations of the CC&R's, Amenity / Facility Rental Guidelines, and the GPN Rules and Regulations by my (our) tenant(s). I/(We) shall provide my (our) tenant(s) with all the CC&R's, Amenity / Facility Rental Guidelines, and the GPN Rules and Regulations for my (our) tenant(s).

Homeowner Name (Print): _____

Homeowner Signature: _____ Date: _____

Tenant Name (Print): _____

Tenant Signature: _____ Date: _____

Note: Each resident is responsible for the management of their key fob devices. In the event replacement key fobs are needed, they may be purchased at the **non-refundable** rate of \$50.00 per key fob, check only. Tenants must notify the homeowner (or property management team) when a key fob is lost or stolen. Tenants are required to return the key fob devices directly to the homeowner or property management team when vacating the property.

For Office Use Only:

Total Number of Key Fob(s) Given: _____ Date: _____

Key Fob Facility Code _____ Key Fob Number(s): _____, _____

Total Payment Submitted: _____ Payment Received By: _____