Mililani Town Association

OWNERS MEMBERSHIP INFORMATION

MTA Property Address _____ Acct. # _____
Home Ph. _____

Owner	Birthdate Req'd	Cell Ph#	Work Ph#
1.	/ /	( ) -	( ) -
2.	/ /	( ) -	( ) -
1. Email Address:		2. Email Address:	

INITIAL

_____ **The below individuals must be a permanent resident living at the above listed MTA property address. Proof of residency at the MTA property address may be required.** Temporary residency is determined to be a "Houseguest" (See "Mililani Town Rules" Sec. B).

_____ Owners shall be liable for any loss or injury caused to MTA by their houseguest or household member in connection with the use of recreational facilities owned by MTA including but not limited to property damage or personal injury. By requesting the above individuals be listed on this "Owners Membership Information" form, the Owner is authorizing said individual(s) to obtain a MTA Membership I.D. Card to use the MTA recreational facilities and thus assumes liability for the actions of such individual(s). The undersigned owner(s) represents that he/she is authorized to accept the terms hereof on behalf of all persons with an ownership interest in the property.

_____ Must comply with all City and County of Honolulu ordinances pertaining to occupancy.

Household Member			Birthdate Req'd	Mark One
First Name	M.I.	Last Name	/ /	☐ Add ☐Delete
			/ /	☐ Add ☐Delete
			/ /	☐ Add ☐Delete
			/ /	☐ Add ☐Delete
			/ /	☐ Add ☐Delete
			/ /	☐ Add ☐Delete
			/ /	☐ Add ☐Delete

I have read the above provision and agree to the terms.

_____ _____ _____ _____
Owner's Signature Date Witnessed By MTA Staff Date

Entered into MTA Membership database by staff member: _____ Date: _____

<u>NOTARIZATION</u> (required if not being submitted by Owner in person)

State of _____
County of _____
On this ____ day of _____, _____, before me personally appeared _____
_____, to me known to be the person described in and who executed the foregoing instrument and acknowledged that _____ executed the same as _____ free act and deed.

_____ Commission Expires: _____
Notary Signature

(Seal)

Doc. Date: _____ # of pages: _____
Notary Name: _____ _____ Circuit
Doc. Description: _____

_____ _____
Notary Signature Date
Commission expires on: _____ (Seal)

Allow 5 business days for processing

Revised 8/11/17