

SPRINGLAKE COMMUNITY, INC.

51590 SE Westlake Drive, Scappoose, Oregon 97056  
(503) 543-5205

Prospective Member: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Documentation Verifying Please Print

Prospective Member \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License \_\_\_\_\_  Passport \_\_\_\_\_  Immigration Card \_\_\_\_\_

State ID \_\_\_\_\_  Military ID \_\_\_\_\_  Birth Certificate \_\_\_\_\_

Any other official document containing a birth date or a certification/affidavit signed by a member of the household age 18 years of age or older attesting that at least one person in the unit is 55 years of age or older. Please note document used: \_\_\_\_\_

Prospective Member \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License \_\_\_\_\_  Passport \_\_\_\_\_  Immigration Card \_\_\_\_\_

State ID \_\_\_\_\_  Military ID \_\_\_\_\_  Birth Certificate \_\_\_\_\_

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Any other official document containing a birth date or a certification/affidavit signed by a member of the household age 18 years of age or older attesting that at least one person in the unit is 55 years of age or older. Please note document used: \_\_\_\_\_

Prospective Member Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Prospective Member Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Prospective Member Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Community Manager Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_