



RESIDENTS DIRECTORY & MASS EMAIL DISTRIBUTION INFORMATION FORM

The directory and the mass email distribution system are for the use of LakeRidge Falls members and residents **ONLY** and is not to be used for any other purpose

Full Name : Phone :

E-Mail :

Full Name : Phone :

E-Mail :

Address :

Please make sure to answer the questions below:

- I consent that the information provided above be published in the LakeRidge Falls' Directory and consent to receive official communication via the provided email address/es. Yes No
- I ONLY consent to receive official communication via the provided email address/es and DO NOT wish any of my information to be published in the Directory Yes No

Please select one

New Information

Updating Existing Information

PER MY SELECTIONS ABOVE AND BY SIGNING THIS DOCUMENT, I AFFIRMATIVELY CHOOSE TO MAKE THE INFORMATION ABOVE AVAILABLE FOR OTHER MEMBERS AND RESIDENTS OF THE ASSOCIATION AND/OR CONSENT TO RECEIEVE OFFICIAL COMMUNICATION FROM THE ASSOCIATION BY ELECTRONIC MEANS

Print Name :

Signature :

Date :

Print Name :

Signature :

Date :