



**ASSOCIATION MEMBERSHIP  
CONTACT INFORMATION:**

Please complete the following form to insure proper notification of all Champions Village Association meetings, activities, notices and other business.

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**Contact Information:**

*(Please complete the following)*

\_\_\_\_\_

*Last Name*                      *First Name*                      *Spouse*

\_\_\_\_\_

*Street Address:*  
Muskego, WI 53150

\_\_\_\_\_                      (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

*Lot # (If known)*                      *Phone Number*

\_\_\_\_\_

*Email Address*

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**Communications Release:**

*(Please circle your response to each question)*

1. I give my permission to the Champions Village Association to send all required notices to me via email and no longer require notification via US Postal Service.

Yes    No

2. I give my permission to the Champions Village Association to publish my contact information in the Champions Village Association Directory to be shared with all Association members:

Yes    No

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Please bring completed for to association meeting or mail to address shown at [www.ChampionsVillage.org](http://www.ChampionsVillage.org).

Thank you,

Board of Directors