



**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

\_\_\_\_\_  
Children (include birth month and year MM/YY)

\_\_\_\_\_  
Street Address:  
Muskego, WI 53150

(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
Phone Number                      Lot # (If known)                      If new owner, name of previous family.

\_\_\_\_\_  
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

**Please mail or drop off completed form to:**

Pat Roubik (Treasurer)  
Champions Village Homeowners Association  
S97 W12961 Champions Drive  
Muskego, WI 53150

Thank you,  
Board of Directors

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