



**GREAT ISLAND BY DEL WEBB**

**RESIDENCE REGISTRATION FORM**

Pursuant to the Great Island Home Owners Association Rules and Regulations article 1.2.1 regarding membership verification, please complete, sign and return this form to the Great Island by Del Webb Activities Director so an accurate membership roster can be maintained for Home Owners Association facility use.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Great Island Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Owner(s) Names: \_\_\_\_\_

Other Occupants living with you full time (who must be over the age of 18)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupants who may be living with you who are under the age of 18 (who may stay for a maximum of six months)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_