

VITAL STATISTICS INFORMATION FOR
ROSEDALE 6-A HOMEOWNERS' ASSOCIATION, INC.

Date_____

Address_____

Name_____

Email: _____

Cell phone: _____

Spouse's Name (if applicable) _____

Email: _____

Cell phone_____

Landline (if any) _____

Second address (if any) _____

Full time or Part time? _____

We frequently send out important emails regarding the association. Please indicate below the email you wish to use for this purpose. More than one email may be used.
