



Member Application

Lake of the Woods

3939 Swartzel Rd. Farmersville, OH 45325
937-696-7265

Date of Application: _____ Meter #: _____ Assigned Site: _____

Applicant 1:

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ City/State/Zip: _____

Email Address: _____ Phone #: _____

DL #: _____ DOB: _____ SSN: _____

Employer: _____ Position: _____

Employer Address: _____ Phone #: _____

Signature/Date: _____

Applicant 2:

First Name: _____ Middle Initial: _____ Last Name: _____

Home Address: _____ City/State/Zip: _____

Email Address: _____ Phone #: _____

DL #: _____ DOB: _____ SSN: _____

Employer: _____ Position: _____

Employer Address: _____ Phone #: _____

Signature/Date: _____

Emergency Contact Name/phone #: _____

Year/Make/Model of Camper: _____ **Gate Card #:** _____

Signed Liability Waiver

Copies of DLs

Proof of Insurance for RV/Golf Cart

email completed forms to:
boardatlakeofthewoods@gmail.com