



CUSHING MEMORIAL PARK, Inc.

P. O. BOX 528 LEBANON, GA 30146-0528

(770) 345-1858

www.cushingpark.info

Assessment for 2018 – 2019 Fiscal Year

MEMBERSHIP ASSESMENT FEES ARE RENEWABLE BY APRIL 1 EACH YEAR.
REMIT FEES IN ADVANCE TO THE ABOVE BUSINESS ADDRESS.

Please correct any information that is pre-printed and also fill in any missing information.

The Member is responsible for furnishing correct information to the Park. **DUE DATE March 31, 2018**

Assessment No: **18-** _____

Item Number	Item Description	Unit Number	Unit Cost	Sub-Total
1	Maint & Cap Imp.	Assessment	\$775.00	\$775.00
2	(Reserved)	0		0
3	Boat House			
	Jet Ski		\$295.00	\$
	Single		\$350.00	\$
	Double		\$615.00	\$
3a	BH Refrigerator		\$80.00	
3b	BH Electric Stove		\$100.00	
3c	BH Bath Add On		\$25.00	
3d	BH Air Cond.		\$280.00	
3e	BH Water Heater		\$80.00	
3f	BH Space Heater		\$170.00	
4	Boat Shed		\$290.00	\$
5	Boat Dock Slip		\$550.00	\$
5a	Jetski Port	- ea	\$310.00	\$
6	Open Boat Storage		\$190.00	\$
7	Annual Camp Site		\$260.00	\$
8	MobileHome Lot			\$
8a	Large		\$660.00	
8b	Small		\$455.00	
9	Other			\$
10	Preliminary Sub Total			\$
11	Credit Card Fee		2% if card not present	
12	Total Paid			\$

Check Number: _____ Amount \$ _____

Credit Card Payment – Fill out the enclosed form and CIRCLE payment type Visa or MasterCard

I herby certify that these are my total obligations to Cushing Park for April 1, 2018 through March 31, 2019 and that if I fail to pay these or any other charges owed to the Park by March 31, 2018, then my membership and any leased amenities will be forfeited. If payment is not received by March 31, my membership will be terminated and access cards de-activated. I have read and agree to abide by the Park Constitution, By-Laws and Rules and Lease if applicable. Returned Check fee is \$50.00

MEMBER SIGNATURE REQUIRED _____

DATE: _____

CUSHING MEMORIAL PARK

**P. O. BOX 528
LEBANON, GA 30146-0528**

**BUSINESS PHONE: 770-345-1858
www.cushingpark.info**

Membership Information Update Form for 2018-2019 Fiscal Year

Please correct any information that is pre-printed and also fill in any missing information indicated by a "0".

The Member is responsible for furnishing correct information to the Park. PLEASE BE COMPLETE! Incomplete information will result in delays in activating your gate cards.

Name: _____ **Assessment # 18-**_____

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Address: Street: _____ **Apt:** _____

City: _____ **State:** _____ **Zip:** _____

Telephone Home: _____ **Cell1:** _____ **Cell2 or Other:** _____

E-Mail Address: _____

Employer: _____ **Work Tel:** _____;

Employment Address: _____

Employee Number: _____

Boat Reg. # for all Boats/Watercraft: _____ **Boat Trailer Tag #:** _____

Full Name and Relationship:	Birth date mm/dd/yyyy	Gate Card No.
_____, Member		
_____, spouse		
		Maximum of 5 cards

(Please use an additional page if necessary to list all children, relationships and birth dates.

Dependents over 19 must also enclose proof of post secondary school attendance.

Emergency Contact Information: (Please list someone not in your household who we could contact in the event of an accident or incident concerning your person or property at the Park.)

Name of Contact:	
Relationship to Member	
Tel. Home / Work / Cell	

Initials _____ **Date** _____