



COMMUNITY / TRACT ASSOCIATION UPDATE SHEET

(Please print or type.)

The President of each Association, or another Officer of such Association designated by the President, shall represent their Member's interest to the Master Association (PRMA).

NAME OF ASSOCIATION _____

PRESIDENT

Name _____

Phone _____ Email: _____

Address _____ City _____ State _____ Zip _____

Permission to distribute contact info to Palmer Ranch Member(s): Yes No

DESIGNEE (Who shall be an Officer, please indicate which position is held.)

Vice President Secretary Treasurer

Name _____

Phone _____ Email: _____

Address _____ City _____ State _____ Zip _____

Permission to distribute contact info to Palmer Ranch Member(s): Yes No

MANAGEMENT COMPANY

Name _____

Community Property Manager _____

Phone _____ Mgr. Email: _____

Billing Address: _____ City _____ State _____ Zip _____

Accounting Email: _____

COMMUNICATION WITHIN COMMUNITY / TRACT

Name of Community Communication Coordinator: _____

(Person who receives Palmer Ranch Newsletter and PRMA communication for posting and/or distribution)

Phone: _____ Email: _____

Signed by: _____ **Date:** _____

(Community President)