

Robson Communities – Northstar Validation Form

- Please complete and submit this form so that a membership account may be created/validated. Failure to complete this form in its entirety may result in delayed processing of account activation. Information provided MUST be exactly how it is shown on a driver licenses, copies may be requested by the HOA.
- A copy of your closing statement must be presented at the clubhouse front desk to complete your registration, along with having your photo taken to obtain your homeowner's ID card.
- **If you have more than one property in the same community**, please list both addresses in the address section.

Have you ever been a renter, guest or owned a home in this community before? (Click one)

RENTER GUEST RESIDENT/OWNED A HOME NONE

Resident #1 (Legal name of first person on deed)	First	Middle (full name, please)	Last
LLC Name (if applicable)			
Suffix	Click one, if applicable Jr. Sr. II III IV		
Nickname			
Date of Birth			
Status	Click one Resident Renter		
For Renters only	Month/Day/Year of Beginning of original lease:	Month/Day/Year of End of current lease:	
Home Phone	Please use format xxx- xxx-xxxx		
Cell Phone	Please use format xxx-xxx-xxxx		
Email			
Street Address (address you reside at within the community)			
Second Home located in same community – if applicable			
External Address	Street Address or PO Box, City, State/Province, Zip/Postal Code		
Mailing Address, if different	Street Address or PO Box, City, State/Province, Zip/Postal Code		

Office Use Only:

NS Member Number Issued:	Date Entered:	Entered By:	Attached to profile YES NO
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Other Household Members - Please enter information for others who may live with you. If there are no additional household members, you may skip this section.

Have you ever been a renter, guest or owned a home in this community before? (circle one)

RENTER GUEST RESIDENT/OWNED A HOME NONE

<u>Resident #2</u>	First	Middle (full name please)	Last
Legal Name			
Suffix	Click one, if applicable: Jr. Sr. II III IV		
Nickname			
Date of Birth			
Status	Click one: Resident Renter		
Relationship	Click one: Spouse/Partner Parent Child Other		
Cell Phone	Please use format xxx-xxx-xxxx		
Email			

Have you ever been a renter, guest or owned a home in this community before? (circle one)

RENTER GUEST RESIDENT/OWNED A HOME NONE

<u>Resident #3</u>	First	Middle (full name please)	Last
Legal Name			
Suffix	Circle one, if applicable: Jr. Sr. II III IV		
Nickname			
Date of Birth			
Status	Click one: Resident Renter		
Relationship to other household members	Click one: Spouse/Partner Parent Child Other		
Cell Phone	Please use format xxx-xxx-xxxx		
Email			

Please return the completed form by clicking Submit on page 3. Thank you!

Office Use Only:

NS Member Number Issued:	Date Entered:	Entered By:	Attached to profile YES NO
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Billing - With Northstar we have the ability to email dues and monthly charging privileges statements.

Statement Delivery Method	Circle one: Email (Preferred) Paper Statement
Billing Email	
Billing Address for Paper Statements	Street Address or PO Box, City, State/Province, Zip/Postal Code

Emergency Contact(s)

Who should be contacted in the event of a medical emergency, other than those living in your household?

Contact #1 Name	First	Last
Contact #1 Type	Click one: Neighbor Relative Other	
Does this person have a key?	Click one: Yes, has key No, does not have key	
Contact #1 Home Phone	Please use format xxx-xxx-xxxx	
Contact #1 Cell Phone	Please use format xxx-xxx-xxxx	
Contact #1 Business Phone	Please use format xxx-xxx-xxxx	
Contact #1 Email		
Contact #1 Address	Street Address or PO Box, City, State/Province, Zip/Postal Code	

Who should be contacted in the event of a non-medical emergency, other than those living in your household?

Contact #2 Name	First	Last
Contact #2 Type	Circle one: Neighbor Relative House Sitter Landscape Company Property Manager Vacation Watch Service Other	
Does this person have a key?	Circle one: Yes, has key No, does not have key	
Contact #2 Home Phone	Please use format xxx-xxx-xxxx	
Contact #2 Cell Phone	Please use format xxx-xxx-xxxx	
Contact #2 Business Phone	Please use format xxx-xxx-xxxx	
Contact #2 Email		
Contact #2 Address	Street Address or PO Box, City, State/Province, Zip/Postal Code	