

## Quail Creek / Northstar Data Validation

---

**If you are a homeowner or full-time resident at Quail Creek**, please complete and submit this form so that we may validate your information in our new Northstar business system for the POA. Northstar will bring state-of-the-art business capabilities to our operations, including Finance, Food and Beverage, Golf, Activities, and more.

**Only one form needs to be completed per property. When completed, please bring your form to the front desk the Madera Clubhouse.**

**If you have more than one property at Quail Creek**, please submit one form for each property. You need only to fill out your full name and property address and leave the other fields blank, unless there is different information for the other home(s).

The information will be used only for our Northstar system and will not be shared or sold. The time to complete the form is estimated at 10 minutes or less. Thank you for your help in launching our new Northstar system!

Today's Date			
Resident #1 Legal Name	First	Middle (full name, please)	Last
Resident #1 Suffix	Circle one, if applicable      Jr.      Sr.      II      III      IV		
Resident #1 Nickname		Birthdate	
Resident #1 Status	Circle one:    Homeowner                  Resident                  Renter		
If Renter, Lease End Date	Month/Day/Year		
Home Phone	Please use format xxx- xxx-xxxx		
Resident #1 Cell Phone	Please use format xxx-xxx-xxxx		
Resident #1 Email			
Quail Creek Street Address			
Unit/Lot	Unit #	Lot #	
Second Home (external to Quail Creek)	Street Address, City, State/Province, Zip/Postal Code		
Mailing Address, if different	Street Address or PO Box, City, State/Province, Zip/Postal Code		

## Quail Creek / Northstar Data Validation

---

Please enter information for others who may live with you. If there are no additional household members, you may skip this section.

Resident #2 Legal Name	First	Middle (full name please)	Last
Resident #2 Suffix	Circle one, if applicable      Jr.      Sr.      II      III      IV		
Resident #2 Nickname			Birthdate
Resident #2 Status	Circle one:      Homeowner                  Resident                  Renter		
Resident #2 Relationship	Circle one                  Spouse      Partner      Parent      Child      Other		
Resident #2 Cell Phone	Please use format xxx-xxx-xxxx		
Resident #2 Email			

Please enter information for others who may live with you. If there are no additional household members, you may skip this section.

Resident #3 Legal Name	First	Middle (full name please)	Last
Resident #3 Suffix	Circle one, if applicable      Jr.      Sr.      II      III      IV		
Resident #3 Nickname			Birthdate
Resident #3 Status	Circle one:      Homeowner                  Resident                  Renter		
Resident #3 Relationship	Circle one                  Spouse      Partner      Parent      Child      Other		
Resident #3 Cell Phone	Please use format xxx-xxx-xxxx		
Resident #3 Email			

## Quail Creek / Northstar Data Validation

---

With Northstar we have the ability to email dues and monthly charging privileges statements. This saves time, postage, and is available to you when you travel. You will also be able to access and pay your statements online.

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

## Quail Creek / Northstar Data Validation

---

Who should be contacted in the event of a medical emergency?

Contact #1 Name	First	Last
Contact #1 Type	Circle one:      Neighbor      Relative      Other	
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	
Resident #3 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?

Contact #2 Name	First	Last
Contact #2 Type	Circle one:      Neighbor      Relative      House Sitter      Landscape Company Property Manager      Vacation Watch Service      Other	
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	
Resident #3 Email		
Contact #2 Address	Street Address or PO Box, City, State/Province, Zip/Postal Code	