



<i>(PLEASE PRINT CLEARLY or Fill-in and print)</i>			DATE _____
<b>LOT OWNER(S):</b>			
LAST NAME		FIRST	
LAST NAME		FIRST	
LAST NAME		FIRST	
MANDALAY BAY ADDRESS(S)			
STREET		CITY	ZIP
<b>ARE YOU:</b> (Check One)	FULL TIME RESIDENT	PART TIME RESIDENT	INVESTOR
<b>YOUR MAILING ADDRESS:</b>			
LAST NAME		FIRST	
STREET		CITY	ZIP
DAYTIME PHONE		EVENING PHONE	Cell
EMAIL ADDRESS			
<b>ANY COMMENTS OR CONCERNS YOU WANT US TO KNOW?          INTERESTED IN HELPING? WE NEED ALL TALENTS AND ANY AMOUNT OF TIME!</b>			

**PLEASE NOTE:** This information is for the express use of the CIWFOA. Unless mandated by law, it will not be disseminated to others without your written permission.

Please send this completed form with your \$50 dues to:

**CIWFOA**  
**1237 S. Victoria Avenue - Box 197**  
**Oxnard, CA 93035**