



35024 Salem Court, Lewes, DE 19958  
302-330-7356  
achainformation@gmail.com  
AngolaCHA.com

# MEMBERSHIP APPLICATION

**Pay online, mail or drop in one of the ACHA boxes**

*If paying by check, make it payable to: ACHA*

*Yearly Dues \$25.00 per household*

**Membership Year is July 1, 2025, through June 30, 2026**

**(Applications after April 1 will run until June 30 of the following year)**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

1<sup>st</sup> E-mail: \_\_\_\_\_

2<sup>nd</sup> E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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Please indicate: Full-time Resident: \_\_\_\_ \*Part-time Resident:

*\*If part-time resident, please provide primary address; otherwise, information will be mailed to your Angola address:*

Street	City	State	Zip Code
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May we use your contact information for a future ACHA directory? Yes \_\_\_\_ No \_\_\_\_

Please indicate: Member Renewal \_\_\_\_ New Member \_\_\_\_

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**Please check your area(s) of interest in working with any of the committees listed below:**

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Community/Clubhouse Events | <input type="checkbox"/> Pool/Recreation    | <input type="checkbox"/> Events      |
| <input type="checkbox"/> New Member Welcome         | <input type="checkbox"/> ZOOM               | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Youth                      | <input type="checkbox"/> Marina             |                                      |
| <input type="checkbox"/> Membership                 | <input type="checkbox"/> Neighborhood Watch |                                      |



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*I recognize that, by state law, Angola Community Homeowners Association (ACHA) may represent me in all matters concerning land use and lot rent changes. By signing this statement, I authorize ACHA to represent my interests in all arbitrations and legal proceedings related to land use and lot rents.*

Signature \_\_\_\_\_

Date \_\_\_\_\_