



RUMBLING BALD  
ON LAKE LURE

## Primary Membership Designation Form

This form will be used to register the "primary member" and the member's household in accordance with the Primary Member Designation Policy, adopted and approved by the Board of Directors on February 20, 2023. Please review the Primary Membership Policy on our website at [www.rumblingsbald.com](http://www.rumblingsbald.com), call Member Services at 828-694-3014 or email AR@rumblingsbald.com for a copy. For the purpose of completing this form, the following definitions apply:

**Primary Member:** Every Lot or Living Unit shall have a single recorded property owner designated as the "primary member" for the purpose of securing membership rights and interests in RB. The Primary Member's rights include the right to vote and to use and enjoy the facilities and amenities, unless otherwise assigned to a Lessee/Renter.

**Member's Household:** A member's household is defined as his/her domestic partner and all dependent relatives making their permanent home with the Member. Dependents date of birth must be recorded on the Primary Member designation form. Dependents will automatically be removed from the membership rolls upon reaching age 24. Members may petition management for dependent reinstatement through a written request to the General Manager. The General Manager will consider reinstatement on a case-by-case basis.

The primary email address is the designated email address to be used for communication and business between the member and the corporation. By providing this information, you consent to receiving electronic notices by the Association.

**Please fill out the form below and return to Rumbling Bald on Lake Lure at 112 Mountains Blvd., Lake Lure, NC 28746 within 30 days.**

Primary Member:	_____	_____
	Print Name:	
Mailing Address:	_____	_____
		City, State and Zip Code
Phone Number(s):	_____	_____
	Primary:	Secondary:
Email Address(s):	_____	_____
	Primary:	Secondary:
Property Address or Lot Number:	_____	Member Account #: _____
		Please mark Statement Delivery option below:
Spouse or Domestic Partner:	_____	Print only <input type="checkbox"/> Email only <input type="checkbox"/>
	Printed Name:	
Dependent Name:	_____	_____
	Printed Name:	Type of Dependency (i.e. son, daughter, etc.) and Date of Birth
Dependent Name:	_____	_____
	Printed Name:	Type of Dependency (i.e. son, daughter, etc.) and Date of Birth
Dependent Name:	_____	_____
	Printed Name:	Type of Dependency (i.e. son, daughter, etc.) and Date of Birth

I have read the Primary Member Designation Policy and understand membership is subject to the declarations and covenants and restrictions as recorded in Book 386 Page 404-440 and any amendments there to.

_____	_____
Signed:	Date:
_____	
Printed Name:	