



*****PLEASE NOTE*****

Entrance requirements have been updated. Members and guests SHALL NOT be permitted use of the facility until they have provided the information/followed the requirements in the table below. Please contact Condominium Financial Management (“CFM”) (925-566-6800 or <https://condofinancial.com/>) to: (i) obtain your account number (it’s also available online and on your annual dues invoice), and (ii) for any questions regarding property owner name on file. We use CFM’s records to cross reference the information provided in this form to ensure they match. Members are responsible for ensuring that CFM has the proper information on file. If you have objections to this policy please contact the HOA Board (board@creeksidecabanaclub.com), DO NOT harass pool staff. Failure to respect the directions of pool staff WILL result in suspension of facility privileges.

Owner Occupied: Membership is limited to the named owner and address on file with CFM. (ADUs must seek an associate membership subject to availability).

The named owner of the property must return a printed copy of this document to the Pool Manager in person and provide their valid state ID.

Each individual listed below must provide the following documentation to the Gate Guard upon first visit to the facility for the season, confirming such individual resides at the member property: (1) if over the age of 17, a valid photo state ID confirming such individual resides at the member property, (2) under the age of 17 some other form of official documentation (invoice from a doctor's office, official letter from school, etc.)

Renter Occupied: Membership is limited to the named owner and address on file with CFM. (rented ADUs must seek an associate membership subject to availability). If said owner seeks to transfer rights to a tenant during the applicable lease term, the *property owner* must send an email to poolmanager@creeksidecabanaclub.com, with the tenant as a CC, with the following documentation:

- ☐ Lot # and CFM Account #
- ☐ photocopy of the owner's valid state ID,
- ☐ the applicable lease agreement, and
- ☐ confirmation in the body of the email that the owner understands they are giving up their rights to use the facility for the duration of the lease.

2025 Information and Emergency Contact Form

Lot Number & CFM Account #			
Property Owner Name			
Renter Name (if applicable)			
Address			
City, State, Zip			
Phone Numbers (Home, Cell, Work)			

[illegible]

Emergency Contact Information (At least 2 contacts with at least one phone number are required)		
Name		
Relationship		
Phone Number	Phone Number	Phone Number
Name		
Relationship		
Phone Number	Phone Number	Phone Number
Name		
Relationship		
Phone Number	Phone Number	Phone Number

Signature of Property Owner or Renter	
Print Name	
Date	