

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 tables 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 Renter Occupied: Membership is limited to the named owner and address on file with CFM. (ADUs named owner and address on file with CFM. (rented must seek an associate membership subject to ADUs must seek an associate membership subject to availability). availability). If said owner seeks to transfer rights to a tenant during the applicable lease term, the *property* owner must send an email to The named owner of the property must return a printed copy of both pages of this document to the Pool poolmanager@creeksidecabanaclub.com, with the tenant as a CC, with the following documentation: Manager in person and provide their valid state ID. Lot # and CFM Account # Each individual listed on page 2 must provide the photocopy of the owner's valid state ID, following documentation to the Gate Guard upon first the applicable lease agreement, and visit to the facility for the season, confirming such confirmation in the body of the email that the individual resides at the member property: (1) if over owner understands they are giving up their the age of 17, a valid photo state ID confirming such rights to use the facility for the duration of the individual resides at the member property, (2) under lease. the age of 17 some other form of official

documentation (invoice from a doctor's office, official

letter from school, etc.)

2025 Information and Emergency Contact Form Creekside Cabana Club

Lot Number & CFM Ac	ccount #									
Property Owner Name										
Renter Name (if applicable)										
Address	<u>, </u>									
City, State, Zip										
Phone Numbers (Home, Cell, Work)										
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Name(s), Family St	tatus - Ch	eck O	ne (Me	mber.	Child Livi	ing in vour ho	me, or Gra	nd Ch	ild) and	}
Name(s), Family Status - Check One (Member, Child Living in your home, or Grand Child) and Age (of children living in your home and grandchildren) are required										
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Name										
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Signature of Property C	Owner or	Renter	•							
Print Name										
Date										
Reviewed and Approved	hy Crool	zeido								
Kevieweu and Approved Cahana Club Manager/	•									