

2010 Summer Camp Associate Verification Form

► This form is to be completed (one per family) by, applicants who do not live on property subject to the Columbia Association annual charge, but who qualify for resident rates by working full-time on, or owning property subject to the Columbia Association annual charge. Associate Verification Forms **must be** renewed annually. Associate resident status is not retroactive. This form **must** accompany the registration form to be considered.

Camper's Name(s) and ID# (if known) _____

Parent/Guardian Name _____

In order to be eligible for resident rates, one of the following criteria must be met:

Owner of property subject to the Columbia Association annual charge. (Proof of ownership required)

Address: _____

Full-Time employee who works on property subject to the Columbia Association annual charge.

Must provide address of the property where you work as a full-time employee.

Address: _____

SECTION I

To be completed for applicants who qualify by working full-time on property subject to the Columbia Associations annual charge.

Employee Information:

Employee Name _____

Company's Name _____

Company's Street Address (no P.O. boxes) _____

Phone Number _____

Company Authorization:

Must be completed and signed by employer. The applicant may not complete this section.

In my position of _____ at _____
Position of person completing this form Company name

I am authorized to attest that _____ is employed full-time
Employee name

at _____, which is located on CA annually charged property.

Signature _____ Date _____

Print Name _____ Phone _____

SECTION II

By signing below, the applicant acknowledges that all information listed is true and correct as of the date of this application.

Signature _____ Date _____

To be completed by Columbia Association Representative:

Approved (CA Representative) _____ Code _____