

For Association use: Dues received \$ _____, Date ____/____/2010
 Received By _____, Scanned _____, Database _____

Lot _____

2010 Annual Dues Invoice and Directory Update Form

Please mail this page and your check to CHHA, P.O. Box 710238, Oak Hill, VA 20171-0238. Your check should be made payable to "CHHA." Please write your lot number, _____, on the check. **Please do not staple the check to this form.** Thank you.

Chantilly Highlands Annual Dues

DUES INFORMATION:

2010 Dues: \$ 234.50
 Past Due Amount: \$
 Pay this Amount: \$

Payable upon receipt

\$25 late fee after March 31, 2010

This invoice was mailed on or before March 1, 2010. ***If payment in full is postmarked by March 31, 2010, you will avoid a late payment fee of \$25.00.*** Checks returned for insufficient funds will be subject to a \$25.00 handling fee and will not be returned or re-deposited. If you are not responsible for dues payment, and the proper party and address are not shown below, please notify the Association immediately. Please call (703) 870-7677 and leave your name, number, and a brief message, or email us at CHHAtreasurer@chha.org so we can contact you to update our records.

MEMBERSHIP INFORMATION:

Please review the information below. Make any necessary changes or corrections on this form and return it to CHHA.

OWNER/RESIDENT	NON-RESIDENT OWNER	OWNER'S AGENT
Owner 1:	Name:	Name:
Owner 2:	Attn:	Attn:
Home:	Address:	Address:
Work 1:	City, State, Zip:	City, State, Zip:
Work 2:	Phone:	Phone:
Home Email:	Email:	Email:
Work Email 1:		

Please circle which party dues invoices should be sent to: Owner/Resident **or** Non-Resident Owner **or** Owner's Agent

Child(ren) or other occupants' names for the directory:

DIRECTORY INFORMATION:

The standard listing in the CHHA Directory contains the following information: Resident name(s), adult(s) and child(ren), address, and home phone number, as listed or updated above. You may modify it as follows:

_____ List all information as outlined above.

Exclude the following: ___ Resident's Name ___ Home Phone # ___ Home Address ___ Children's Names

_____ Do not list any information.

***If necessary, please forward this to the responsible party and inform CHHA.
 Payments postmarked after March 31, 2010, are subject to a \$25 late fee.***

Return this form and payment to:

**CHHA
 PO Box 710238
 Oak Hill, VA 20171-0238**