

REMOVAL of MEMBER APPLICATION
LUTHERAN RESORT ASSOCIATION, INC.

DATE: _____, 20__

LOT # _____

1. Members names on Certificate

Name Name

2. NAME OF MEMBER(S) FROM WHOM MEMBERSHIP TRANSFER(REMOVAL) IS REQUESTED:

(If member is deceased please provide a copy of the death certificate)

Member Signature

Member Signature

The transfer and issuance of the Membership Certificate is contingent upon purchaser paying the additional legal fees incurred by the applicant relating to this transfer and completion of removal.

BOARD OF DIRECTORS OF LUTHERAN RESORT ASSOCIATION, INC.

_____ This application approved by the Board of Directors and authority granted to transfer above membership certificate to applicant(s) this ___ day of _____, 20__ conditional upon payment of legal fees incurred by the Association, relating to this transfer and after the Association 's attorney approves the documentation required for approval of this transfer.

_____ This application rejected by the Board of Directors this ___ day of _____, 20__.

BOARD OF DIRECTORS
LUTHERAN RESORT ASSOCIATION, INC.

By: _____