

# BELLAVISTA VILLAGE

TRUST DESIGNATING FORM

DATE: \_\_\_\_\_

SUB: \_\_\_\_\_ BLOCK \_\_\_\_\_ LOT: \_\_\_\_\_

Trust Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Designates the following two people for membership:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature of Trustee(s): \_\_\_\_\_

Accepted by POA Employee: \_\_\_\_\_

Requests should be dropped off at Membership Services, 3 Euston Road or mailed to:

**Bella Vista Village Property Owners Association**

Attn: Membership Services

PO Box 6210

Bella Vista, AR. 72714

Phone: (479) 855-8000

Fax: (479) 855-8006

01/14/2014