

# Application for Guest Cards



Date: \_\_\_\_\_ Initial: \_\_\_\_\_

phone: (479) 855-8000 , fax: (479) 855-8006  
P.O. Box 6150, Bella Vista, AR 72714-6150  
www.BellaVistaPOA.com  
Email: carmend@bvvpoa.com

Sponsor's Name \_\_\_\_\_

Member No. \_\_\_\_\_ Sponsor's Sub-Blk-Lot \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Trust No. \_\_\_\_\_ (if applicable)

Beginning Date \_\_\_\_\_ End Date \_\_\_\_\_

Guest's Name (first & last)

City & State

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- I will wait while guest cards are being printed.
- Cards will be picked up at Member Services East, at Metfield Clubhouse, under sponsor's name.
- Cards will be picked up at Member Services West, 51 Huntley Lane, under sponsor's name.
- Please mail to address shown at right.
- Leave in Metfield Pro Shop after hours.

**Please Mail To:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

I understand that I am responsible for my guest's compliance with all POA rules and regulations, which are in effect at the current time. In the event that my guest(s) may damage POA property, I will be responsible for all expenses incurred.

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

*To sign, use the Fill & Sign tool (under view), or print and sign with pen.*