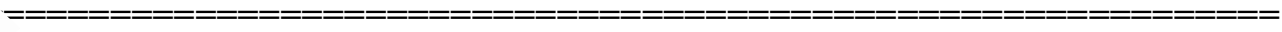


APOR MEMBERSHIP FORM
The Association of Property Owners of Riverhill, Inc.
P.O. Box 293895, Kerrville, TX 78029-3895
www.riverhillpoa.com

Association fiscal year is October 1st thru September 30th. Please send this form with your \$75 check payable to APOR or pay through PayPal with a credit card on the website listed above.

Full Name(s):			
Property Address:		KCAD ID# (if known)	
Full Mailing Address: (if different)			
Phone, Primary:		Secondary:	
Email, Primary:		Secondary:	



PROXY for the
Association of Property Owners of Riverhill, Inc.

I (WE) appoint _____, a 2024-2025 dues-paid member of the Association of Property Owners of Riverhill, Inc., as my attorney and proxy to act for me with respect to all new business coming before the Annual Meeting of voting members of the Association to be held Tuesday at 6:00 pm, October 8, 2024.

This proxy and the authority represented herein may be revoked at any time by the undersigned and unless revoked shall terminate at 12:01 am on October 9, 2024.

Dated: _____ Printed Name: _____

Signature: _____