

VENETIAN SHORES YACHTING ASSOCIATION, INC.

PO BOX 473, ISLAMORADA, FL 33036

EMAIL CONSENT FORM

DATE _____

MEMBER NAMES _____

SLIP NUMBER _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

EMERGENCY CONTACT PHONE NUMBER _____

To The Board of Directors of Venetian Shores Yachting Association, Inc.

By signing this form, I agree to accept email notifications in lieu of postal deliveries for all announcements, meeting notices and minutes from the Venetian Shores Yachting Association, Inc.

The Annual Meeting Packet and Notice will be mailed as per FS 720. It is my responsibility to update management with any email address changes.

PRINT NAME _____

SIGNATURE _____

PRINT NAME _____

SIGNATURE _____

PLEASE RETURN COMPLETED FORM TO Bill Squire

EMAIL ~ keys@harbormanagement.us

FAX – 305-852-7364

MAIL ~ VSYA, PO BOX 473, ISLAMORADA, FL 33036