



COMPASS ROSE MANAGEMENT

SETTING A COURSE FOR YOUR COMMUNITY

1010 NE 9th St, Cape Coral, FL 33909

239-309-0622

www.compassrosemanagement.com

CONSENT TO RECEIVE ELECTRONIC COMMUNICATIONS

Please print all information clearly. For Association business use only.

Community: _____

Name: _____

Home Address – On Site	Mail to <input type="checkbox"/> (Check box)	Address - Alternate	Mail to <input type="checkbox"/> (Check box)
Street Address:		Street Address:	
Unit Number:		Unit Number:	
City/Zip Code:		City:	
Primary E-mail:		State/Province:	
Secondary E-mail:		Zip Code:	
Home Phone:		Home Phone:	
Cell Phone:			
Work Phone:			

I hereby authorize the Association and Compass Rose Management to use my email address, as described above, for General Association Related Communications. ☐ YES

I hereby consent in writing to receive notice to my email address, as described above, for Meetings of the Board of Directors, Committees, and Annual and Special Meetings of the Membership of the Association. ☐ YES

I understand that my authorization will remain in effect until my consent to receive communications by electronic transmission is revoked. I further understand that my consent to receive notice by electronic transmission can be revoked by me at any time by notifying the Association directly or by notifying the current management company.

I agree to promptly notify the Association of any changes in my email address, so as to have a current email address on file with the Association.

Signature: _____ Date: _____