



750 Hethwood Blvd., 100 H Blacksburg, VA. 24060 Phone (540) 552-5252
www.hethwoodfoundation.com info@hethwoodfoundation.com

2026 MEMBERSHIP VERIFICATION AND AMENITY USE FORM

This information is needed to maintain accurate membership for use of the amenities including pools, fitness center, and activities. This list is *updated yearly* and should be received by the Hethwood office by May 1st, so we can make any corrections. Please print clearly, as we need to be able to read the names and numbers properly. Thank you very much!

_____ **Hethwood Property Address** _____ **Date** _____

Ownership Information

Legal Name of all Owners _____, _____, _____,

Please list all occupants that will *reside* at the above address _____,

_____, _____, _____,

Mailing address _____ Owner's Home Phone # _____

Cell Phone# _____ Work # _____ Email _____

Transfer of Privileges (for Rental Properties)

If you are *renting* your home or townhome and wish to transfer your recreational privileges (for a period of not less than 30 days) to renters *living* in your home, please also complete the lower portion of this form and return it to the Hethwood Foundation office. This form is to be filled out annually *and* with each change of residents.

Policy regarding the transferring of recreational privileges states: Hethwood Foundation recreational privileges lie solely with the deeded owner(s) of the property. If the owner does not live on the property, they may transfer their privileges to the occupants. The owner must notify the Hethwood Foundation office in writing of their intention to allow the current resident to use the privilege. The owner then forfeits privileges to the renters. It is the homeowner's responsibility to complete a Transfer of Privileges Form as renters change.

I hereby certify that my tenants(s) of _____
(Street Address)

are entitled to all privileges associated with ownership for the following lease period: Please use exact lease dates.
_____ to _____ Cell Phone # _____

Please list all leaseholders and occupants that will reside at the above address.

First Name	Last Name	First Name	Last Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Management Company _____ Address _____

_____ Signature of Owner or Managing Agent _____

Phone# _____ Email _____