

Form For Adding Names

Please print this form and send to Playa Linda Beach Resort by postal mail.

Re: Membership of:

Suite Number(s):

Week Number(s):

Please be advised that I Agree to share any and all rights I may have as a result of a contract between Playa Linda and myself pertaining to suite(s) and week(s) mentioned above. This is being done with my consent and I do hereby acknowledge that in accordance with Article 13, paragraph 4 of Articles of Association the undersigned:

Additional name:

Additional name:

Additional name:

Address:

Phone/Fax:

E-Mail:

Will be a co-owner(s) of the respective interval in Playa Linda Beach Resort and do hereby acknowledge that they accept a membership in the Association and that they will adhere to the Article of Association and the By-laws of the Association.

Owner signature:

Owner signature:

**New co-owner
signature:**

**New co-owner
signature:**

**New co-owner
signature:**

Place:

Date:

For Approval:

This form must be notarized and sent by postal mail.

Your maintenance fee must be paid.

You must include:

A check in the amount of US\$105.00 representing the transfer fee and your original share certificate and marriage certificate.

Postal mail address:

Telephone:

Playa Linda Beach Resort

011-297-586-1000

J. E. Irausquin Boulevard 87

Fax number:

Oranjestad, Aruba

011-297-586-3479

Dutch Caribbean