

APPENDIX A

FOURTH WALNUT CREEK MUTUAL CONSENT/OPT OUT E-MAIL FORM

E-mails collected on this form are for the exclusive use of the Fourth Walnut Creek Mutual.

(Please complete your name and address even if you opt out)

Name 1: (please print clearly): _____

Address: _____ **Unit#** _____ **Entry#** _____

Phone Number(s)

1) H: _____ **C:** _____

E-mail (please print clearly): _____

I have received and read the "Informal Communication Policy" for the Fourth Walnut Creek Mutual. I agree to its terms and agree to receive informal communication from the Mutual via e-mail and other electronic means as set forth.

Signature: _____ **Date:** _____

I wish to opt out of providing my e-mail address for receipt of Mutual emails.

Signature: _____ **Date:** _____

Please return this form to: fourthwcm@outlook.com or send it to Rich Kinsey at 1133 Skycrest Dr. #4, WC, CA 94595.