

**RENEWAL**

**BALM BEACH COMMUNITY ASSOCIATION (BBCA)**

**2023-2024 Membership**

**PLEASE PRINT LEGIBLY**

Last Name of Applicant: \_\_\_\_\_

First Name of Applicant: \_\_\_\_\_

Balm Beach Street Address: \_\_\_\_\_

Balm Beach Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_ There are no changes to my mailing address, phone number or e-mail address.

\_\_\_\_\_ There are changes to the above. Please list the changes below:

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\_\_\_\_\_ There are no changes to the names of my **voting** family members.

\_\_\_\_\_ There are changes to the above **voting** family members. Please list the changes below:

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I, (NAME OF APPLICANT) \_\_\_\_\_ hereby accept membership into the Balm Beach Community Association on behalf of myself and all family

members named on this application. I confirm that the above family members have agreed to this membership and to the disclosure of personal information.

I understand that this application will be submitted to the BBCA Directors for their approval.

I confirm my understanding that BBCA membership is exclusively for persons of non-shoreline (backlot) property ownership including family members, in the Township of Tiny, County of Simcoe and Province of Ontario and declare that I and all applicant members indicated on this form are not shoreline owners or their family members.

I understand that this membership will be in effect until June 30 of the current year at which time a completed Renewal of Membership form must be submitted to the BBCA Directors for approval for the following year.

**I understand that membership fees for 2023/24 have been waived by the Board of Directors at a September 12, 2022 meeting.**

I further acknowledge that membership fees may be collected annually at a rate determined by the Members at the Annual General Meeting.

I hereby recognize and support the importance of protecting and preserving beach access and use at Balm Beach in the Province of Ontario. I also recognize the importance of developing and fostering community spirit in the Balm Beach Community.

I have read and understand the purpose of the Balm Beach Community Association.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Coordinator Use Only:**

I hereby confirm that the Board of Directors has approved all Members indicated on this form for membership into the Balm Beach Community Association.

Signature of Membership Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_