Membership Invitation Into the Balm Beach Community Association

PLEASE PRINT LEGIBLY

Member/Sponsor who invited you:	
Last Name of Applicant:	
First Name of Applicant:	
Balm Beach Street Address:	
Balm Beach Phone:	
Email Address:	
Mailing Address (if different from above):	
City:Province: Postal Code:	
Phone:	
If applicable, document your partner/spouse and family members over the age of 1 voting members. Please include all information requested below for each additional mem	
Last Name:	_
First Name:	_
Email Address:	
**************************************	******
First Name:	_
Email Address:	
***************************	******
Last Name:	_
First Name:	_
Email Address:	*****
Last Name:	_
First Name:	_
Email Address:	

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: