

Bay Quarter Shores, Inc.
Application for Associate Membership
1004 Bay Quarter Drive
Heathsville, Va. 22473

Applicant's Name: _____
Spouse's Name: _____
Home Phone: _____
Home Address: _____
Applicant's Employment: _____
Spouse's Employment: _____

Children's Name (Include birth date): _____

Why would you like to become a member?

BQS members recommending you? _____
Lot Number: _____

I understand that the Associate Membership grants to myself, my spouse and the unmarried dependent members of my family the privilege of using the common facilities at Bay Quarter Shores, Inc. The membership may be cancelled at any time by action of the Board of Directors after notice to me, and a prorated refund of any unexpired membership fees will be made to me. I, on behalf of my family agree to abide by the Rules and Regulations covering the use of the facilities:

Applicants Signature: _____
Date: _____

Approved [] Disapproved []

Date: _____
Board member: _____

Associate Member # _____

Check Must be Attached