



# BAY QUARTER SHORES, INC.

## Associate Membership Application

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.

Applicant agrees to protect, defend, indemnify and save Bay Quarter Shores, Inc. from and against all claims, losses, damages, costs, judgments, expenses arising out of any actual or alleged injury, (including death), to any person or damage to any property, or any other damage or loss, by whomever suffered, resulting from or in any way connected with the member's or guest(s)' actions; provided, this provision shall not apply to injuries or damages caused solely by the negligence of the association. By signing this application, applicant has agreed that all members and guests will abide by the rules and regulations as established by Bay Quarter Shores, Inc. and its members.

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

Application Approved [ ] Disapproved [ ]

Board member: \_\_\_\_\_ Date: \_\_\_\_\_

Associate Member # \_\_\_\_\_

**\$395 Check or Money Order Must be Attached**

Mail check and application to  
**Bay Quarter Shores, Inc., 1004 Bay Quarter Drive, Heathsville, Va. 22473**  
**Attn: Associate Membership Application**

Approved October 2012