

2020 Membership Application
TIANA SHORES ASSOCIATION, INC.

Renewal (What was your last prior year? _____)

New Applicant

Name of Applicant: _____

Local Address: _____

(Mail will be sent here from Memorial Day to Labor Day)

Other Address (if different): _____

(Mail will be sent here from Labor Day to Memorial Day)

Home Phone: _____ E-mail Address: _____

Cell Phone: _____; and I agree to be enrolled to receive text TSA Alerts of Pool and Beach closings.

Include my contact information in the Membership Directory: YES NO *(default answer is YES)*

Membership in Tiana Shores Association, Inc. (TSA) is offered to: Residents and Non-Residents of Tiana Shores/Weesuck Peninsula as follows:

Resident Applicant:

- I am 18 years of age or over; and
- I own property in Tiana Shores/Weesuck Peninsula, or
- I am a long term tenant (18+ months) residing in Tiana Shores/Weesuck Peninsula;

Non-Resident Applicant:

- I am 18 years of age or over; and
- I own property or am a long-term tenant (18+ months) residing outside of the Tiana Shores/Weesuck Peninsula; and
- I am being sponsored by a member *(provide member' name)*
_____, or
- I am applying for Board sponsorship.

Membership (including dues and fees) that you are applying for:

- Family \$1025
(Please provide name and date of birth for each child and babysitter/au pair on back of application.)
- Couple *(61 years of age or under)* \$ 815
- Senior Couple *(62 years of age or over)* \$ 755
- Single *(61 years of age or under)* \$ 755
- Senior Single *(62 years of age or over)* \$ 660

SUBTOTAL: _____

(New Non-Resident Application Fee if applicable: + \$ 100 One time only)

TOTAL: _____

For complete definition for each type of membership, visit our website: www.tsabythebay.com/join-us. *(Please be advised, non-resident memberships are precluded from TSA voting and sitting on the TSA Board.)*

APPLICATIONS ARE PROCESSED IN ACCORDANCE WITH TIANA SHORES ASSOCIATION, INC. BY-LAWS. THERE IS NO GUARANTEE OF ACCEPTANCE. DUES WILL BE REFUNDED IF APPLICATION IS NOT ACCEPTED.

Please send your completed application and check made payable to Tiana Shores Association, Inc. and mail to:
TIANA SHORES ASSOCIATION, INC., 17 Oldfield Lane, Hampton Bays, NY 11946 - THANK YOU

Name of Applicant: _____ Date: _____

Signature: _____ Date: _____

- I agree to comply with all rules and regulations established by the TSA Board of Directors as detailed in the TSA Handbook, as well as any additions or revisions communicated to members by the TSA Board as needed.

If you have applied for a Family Membership (*permanently residing at the same address*), please the following information:

Name of Child: _____ DOB: ___/___/___

Name of Child: _____ DOB: ___/___/___

Name of Child: _____ DOB: ___/___/___

Name of Child: _____ DOB: ___/___/___

Babysitter/ Au Pair: _____ DOB: ___/___/___
(15 years of age or older on a continuous basis)