

2024 Membership & Guestship Application
TIANA SHORES ASSOCIATION, INC.

☐ Renewal (What was your last prior year? _____)
☐ New Applicant

Applicant Name: _____

Spouse/Partner Name: _____

Summer 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)

Applicant Cell Phone: _____ Applicant E-mail Address: _____

Spouse/Partner Cell Phone: _____ Spouse/Partner E-mail Address: _____

Membership in Tiana Shores Association, Inc. (TSA) is offered to anyone who is 18 years of age or over and as follows:

Resident

Membership:

- ☐ I own property in Tiana Shores; or
- ☐ I am a long-term tenant (18+ months) residing in Tiana Shores; or
- ☐ I am the child of a member residing in Tiana Shores

Non-Resident

Association Guestship:

- ☐ I own property on the Tiana Bay/Weesuck Creek Peninsula; or
- ☐ I am a long-term tenant (18+ months) residing on Tiana Bay/Weesuck Creek Peninsula

Non-Resident

Sponsored Guestship:

- ☐ I am being sponsored by a member *(provide member's name)* _____; or
- ☐ I am applying for Board sponsorship*

For complete definition for each type of Membership and Guestship, visit our website: www.tianashoresassociation.com/join-us *(Please be advised, Non-Resident Guestships are precluded from TSA voting and sitting on the TSA Board.)*

**There is no guarantee of acceptance when applying for Board sponsorship. Dues will be refunded if application is not accepted.*

Please select the Membership or Guestship that you are applying for and calculate your dues:

Membership

- | | | |
|--|--------|-------|
| <input type="checkbox"/> Family | \$1275 | _____ |
| <input type="checkbox"/> Couple (61 years of age or under) | \$1035 | _____ |
| <input type="checkbox"/> Senior Couple (62 years of age or over) | \$960 | _____ |
| <input type="checkbox"/> Single (61 years of age or under) | \$960 | _____ |
| <input type="checkbox"/> Senior Single (62 years of age or over) | \$835 | _____ |

Guestship

- | | | |
|--|--------|-------|
| <input type="checkbox"/> Family | \$1275 | _____ |
| <input type="checkbox"/> Couple (61 years of age or under) | \$1035 | _____ |
| <input type="checkbox"/> Senior Couple (62 years of age or over) | \$960 | _____ |
| <input type="checkbox"/> Single (61 years of age or under) | \$960 | _____ |
| <input type="checkbox"/> Senior Single (62 years of age or over) | \$835 | _____ |

Add-on

- | | | |
|--|-------|-------|
| <input type="checkbox"/> Additional Adult (Family Membership ONLY) | \$0 | _____ |
| <input type="checkbox"/> Babysitter/Caregiver | \$100 | _____ |

SUBTOTAL: _____

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

TOTAL: _____

Privacy:

- ☐ I agree to receive TSA Text Alerts (these include pool closings, beach closings, upcoming events, Membership/Guestship information) – this does not permit sharing of your cell number
- ☐ I agree to receive TSA Emails (these include pool closings, beach closings, upcoming events, Membership/Guestship information) – this does not permit sharing of your email address
- ☐ I agree to have my contact information included in the TSA Directory that is only shared with Membership and Guestships

If you have applied for a Family Membership or Guestship (*all family members must reside at the same address*), please provide the following information:

Name of Child: _____ DOB: _____

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Name of Child: _____ DOB: _____

Name of Child: _____ DOB: _____

If you have applied for a Family Membership with an additional adult (*permanently residing at the same address*), please provide the following information (*please note that if you have applied for an Association Guestship or a Sponsored Guestship, an additional adult residing at the same address must apply for their own Guestship.*):

Name of Additional Adult*: _____ Relationship: _____

**Please attach a copy of their driver's license or another form of ID that shows they reside at the address with the applying family.*

If you have applied for a babysitter/caregiver, please provide the following information:

Name of Babysitter/Caregiver: _____

Applications are processed in accordance with Tiana Shores Association, Inc. by-laws and dues are non-refundable.

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: _____

Signature: _____ Date: _____

- ☐ I agree to comply with all rules and regulations established by the TSA Board of Directors as detailed in the TSA Handbook (which will be provided at the Memorial Day meeting), as well as any additions or revisions communicated to members by the TSA Board as needed.

We'd love to hear how you discovered us! Please check one of the below:

- ☐ I am a Former/Current Member ☐ Neighbor/Friend ☐ Online ☐ Mail ☐ Facebook/Instagram ☐ Other

For further information, please visit our website: www.tianashoresassociation.com