

# INDIAN ACRES

OF CHESAPEAKE BAY

P.O. BOX 65, GEORGETOWN, MARYLAND 21930

PHONE: 410 275-2181

## MEMBERSHIP PROFILE

**Application for Membership/Background Inquiry MUST be completed prior to becoming an owner.  
ALL past due amounts and current amounts due on all lots being purchased MUST be paid in full prior to  
Or at settlement. This includes Membership Dues, Electric, Finance Charges, Etc.**

☐ I am purchasing a lot from a current owner: Glen \_\_\_\_\_ Lot \_\_\_\_\_  
☐ I am just looking to purchase a lot.

## PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Current Address (permanent street address only, NO post office boxes): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address (if different than above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of time at current address: \_\_\_\_\_  
Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## **(Initial and complete each item)**

- ☐ I acknowledge that I must provide the following documents for identification purposes:  
A Valid State Driver's license (or photo identification card, and  
A copy of a current utility/homeowners or renter insurance/mortgage/voter's registration/vehicle  
Registration in my name with my permanent address.
- ☐ I acknowledge that I must provide a copy of the Deed upon the purchase of a lot to the Indian Acres Club of  
Chesapeake Bay administration office.
- ☐ I acknowledge that all property owners are members of IACB and accept responsibility for payment of  
Annual membership dues.
- ☐ I acknowledge if I have not purchased a lot within 120 days, a new membership profile must be completed.
- ☐ I acknowledge that the above information along with the Background Inquiry/Club Membership application  
Will undergo both review and verification through internal records and external resources.
- ☐ I acknowledge existence of the Declaration of Restrictions, located at [http://indianacres.net/wp-content/uploads/2020/03/Updated-Restrictions-Mar\\_2020.pdf](http://indianacres.net/wp-content/uploads/2020/03/Updated-Restrictions-Mar_2020.pdf), and will abide by all rules & regulations that govern the  
Campground and all Funsteads.

☐ I acknowledge that all property owners and their guest are restricted from using IACB as their  
Permanent residence.

I affirm all information provided herein is true and accurate to the best of my knowledge, and I agree to abide by all  
recorded covenants, bylaws and all IACB rules and regulations that convey with becoming a member.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



NON-REFUNDABLE CLUB MEMBERSHIP FEE  
\$200/PERSON BEING NAMED ON DEED.

## APPLICATION FOR MEMBERSHIP

(PLEASE PRINT ALL INFORMATION.)

(FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY CAUSE PROCESSING DELAYS.)

I/WE UNDERSTAND AND ACKNOWLEDGE THAT, ALTHOUGH ALL OWNERS OF LOTS ARE MEMBERS OF INDIAN ACRES CLUB OF Chesapeake Bay, Inc., THE IACB BOARD OF DIRECTORS MUST APPROVE MEMBERSHIP IN ADVANCE. MEMBERSHIP MAY BE DENIED BY THE BOARD OF DIRECTORS FOR ANY REASON. THEREFORE, I/WE UNDERSTAND THAT MEMBERSHIP MUST BE APPROVED BEFORE I/WE BECOME AN OWNER/OWNERS OF A LOT WITHIN IACB.

IACB MAY APPROVE OR REJECT ANY APPLICATION AT ITS SOLE AND ABSOLUTE DISCRETION AND THE DECISION ON ANY APPLICATION SHALL BE FINAL. IT IS THE POLICY OF IACB NOT TO DISCRIMINATE IN ANY MANNER AGAINST ANY APPLICANT ON ACCOUNT OF RACE, SEX, RELIGION, COLOR, NATIONAL ORIGIN, HANDICAP, STATUS AS A VETERAN, CREED OR ANCESTRY.

APPROVED APPLICATIONS WILL BE HELD FOR A MAXIMUM OF NINETY (90) DAYS.  
INCOMPLETE APPLICATIONS WILL BE HELD FOR A MAXIMUM OF THIRTY (30) DAYS.  
APPLICATIONS WILL BE DESTROYED AND A NEW APPLICATION MUST BE COMPLETED  
AFTER SPECIFIED TIMES HAVE EXPIRED.

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

GLEN: \_\_\_\_\_ LOT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE: \_\_\_\_\_

PRESENT PERMANENT ADDRESS: \_\_\_\_\_  
Physical address only  
No P.O. Boxes please

MAILING ADDRESS (if different): \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ RENT OR OWN: \_\_\_\_\_

HOW LONG AT PRESENT ADDRESS: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

HOW LONG AT PREVIOUS ADDRESS: \_\_\_\_\_ MARRIED: \_\_\_\_\_ SINGLE: \_\_\_\_\_ OTHER: \_\_\_\_\_

YOUR EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ HOW LONG AT PRESENT JOB? \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_

DO YOU HAVE CHILDREN? \_\_\_\_\_ HOW MANY? \_\_\_\_\_ AGES? \_\_\_\_\_

DO YOU HAVE PETS? \_\_\_\_\_ WHAT KIND(S)? / HOW MANY? \_\_\_\_\_

IS YOUR SPOUSE ALSO APPLYING FOR MEMBERSHIP? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, SPOUSE'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ U.S. CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ HOW LONG AT PRESENT JOB? \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_



REFERENCES

BANK: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
PERSONAL REFERENCE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CREDIT REFERENCE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CREDIT REFERENCE: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

AS PART OF IACB PROCEDURES FOR PROCESSING YOUR APPLICATION FOR MEMBERSHIP, IT IS UNDERSTOOD THAT AN INVESTIGATION OF YOUR CREDIT HISTORY MAY BE MADE, WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL CONTACT WITH INDIVIDUALS WITH WHOM YOU ARE ACQUAINTED. INQUIRIES WILL INCLUDE CHECKING RECORDS THAT CAN INCLUDE INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL INTEGRITY, CREDIT AND MODE OF LIVING. YOU HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION. IACB MAY REQUIRE AN APPLICANT TO SUBMIT DOCUMENTATION AS DEEMED APPROPRIATE TO SUPPORT THE APPLICANT'S STATUS AS SET FORTH ON THIS APPLICATION FOR MEMBERSHIP.

HAVE YOU (OR YOUR SPOUSE, IF APPLYING JOINTLY FOR IACB MEMBERSHIP) EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, EXPLAIN THE NUMBER OF CONVICTIONS, NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), DATE(S) EACH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED AND TYPE OF REHABILITATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/WE HEREBY AUTHORIZE IACB TO CONDUCT A CRIMINAL BACKGROUND CHECK INCLUDING, BUT NOT LIMITED TO, SUBMITTING AN APPROPRIATE REQUEST TO NATIONAL, STATE AND LOCAL LAW ENFORCEMENT AUTHORITIES. I/WE ACKNOWLEDGE THAT THE RESULTS OF THE CRIMINAL BACKGROUND CHECK WILL BE SHARED WITH THE IACB BOARD OF DIRECTORS AND SUCH OTHER OFFICERS OF THE CORPORATION AS NECESSARY.

FOR IDENTIFICATION PURPOSES, I/WE AGREE TO SUBMIT

A COPY OF MY/OUR PHOTO ID

(STATE DRIVER'S LICENSE, STATE/CITY/MILITARY/GOVERNMENT ID OR PASSPORT)  
WITH THIS APPLICATION FOR MEMBERSHIP.

I/WE UNDERSTAND AND ACKNOWLEDGE THAT I/WE, AND ALL OF MY/OUR GUESTS, MUST ABIDE BY ALL RECORDED COVENANTS, THE BY-LAWS, AND ALL RULES AND REGULATIONS APPLICABLE TO IACB AND MY/OUR LOT.

BY SIGNATURE BELOW, I/WE AGREE TO ABIDE BY THE DECLARATION OF RESTRICTIONS OF IACB "NO CAMPSTEAD SHALL BE USED EXCEPT FOR CAMPING PURPOSES", "NO CAMPSTEAD SHALL BE USED AS THE LOCATION OF A PERMANENT TYPE OF RESIDENCE NOR TRAILER USED AS A RESIDENCE.", "NO CAMPSTEAD SHALL BE USED AS A RESIDENCE."

I/WE AFFIRM THAT ALL OF THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\*\*\* (FOR IACB OFFICE USE ONLY) \*\*\*\*\*

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

IACB BOARD OF DIRECTORS: \_\_\_\_\_ DATE: \_\_\_\_\_  
\_\_\_\_\_  
DATE: \_\_\_\_\_  
\_\_\_\_\_  
DATE: \_\_\_\_\_

**County Wide Group**  
**184 South 1<sup>st</sup> Street, Suite B**  
**Lindenhurst, New York 11757**

**AUTHORIZATION TO CONDUCT BACKGROUND INQUIRIES**

The undersigned applicant hereby authorizes **Indian Acres Club of Chesapeake Bay Inc., and the County Wide Group** as its agent to conduct a background inquiry on him/herself. The undersigned applicant understands that these inquiries shall include informational data regarding his/her credit, criminal, motor vehicle, litigation, education, military and any other pertinent information as it may apply for the prospective job position.

The undersigned applicant authorizes **Indian Acres Club of Chesapeake Bay Inc., and the County Wide Group** as its agent to contact any previous employer or personal reference to obtain information relating to this application for employment.

The applicant hereby releases **Indian Acres Club of Chesapeake Bay Inc., and the County Wide Group** as its agent from any and all liability relating to such inquiries.

I acknowledge receipt of a copy of the FCRA Summary of Rights and Article 23-A of the New York State Corrections Law.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_ **Other Names Used:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**STATE OF DRIVER'S LICENSE** \_\_\_\_\_ **LICENSE#** \_\_\_\_\_

[FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW]

<input checked="" type="checkbox"/> <b>Criminal -State:</b> _____	<input type="checkbox"/> <b>Employment Verification (#</b> _____ <b>)</b>
<input checked="" type="checkbox"/> <b>Credit</b>	<input type="checkbox"/> <b>Education Verification</b>
<input type="checkbox"/> <b>DMV License</b>	<input type="checkbox"/> <b>Behavioral Survey</b>
<input checked="" type="checkbox"/> <b>Social Security Trace</b>	<input checked="" type="checkbox"/> <b>Sex Offender Database</b>
<input type="checkbox"/> <b>Drug Test</b>	<input type="checkbox"/> <b>Patriot Search</b>



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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

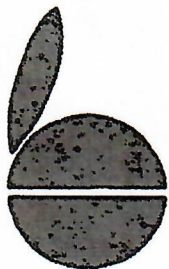
TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SS#: \_\_\_\_\_

STATE OF DRIVER'S LICENSE \_\_\_\_\_ LICENSE# \_\_\_\_\_

**[FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW]**

<input checked="" type="checkbox"/> Criminal -State: _____	<input type="checkbox"/> Employment Verification (# _____)
<input checked="" type="checkbox"/> Credit	<input type="checkbox"/> Education Verification
<input type="checkbox"/> DMV License	<input type="checkbox"/> Behavioral Survey
<input checked="" type="checkbox"/> Social Security Trace	<input checked="" type="checkbox"/> Sex Offender Database
<input type="checkbox"/> Drug Test	<input type="checkbox"/> Patriot Search



# INDIAN ACRES

OF CHESAPEAKE BAY

P.O. BOX 65, GEORGETOWN, MARYLAND 21930

PHONE: 410. 275-2181

## ATTENTION

This notice is to make you aware that the Club has a strict residency clause and violation of this clause may subject you to monetary fines and legal action.

Please be advised that "No Funstead shall be used as a residence or for anything except camping purposes." as per the Declaration of Restrictions, Section 7, A-1.

By signing below, I/we agree to abide by the Declaration of Restrictions for Indian Acres of Chesapeake Bay.

\_\_\_\_\_  
Printed Owner's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Owner's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Owner's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Owner's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Glen & Lot(s)





P.O. BOX 65, GEORGETOWN, MARYLAND 21930

PHONE: 410-275-2181

**APPLICATION FOR CLUB MEMBERSHIP PASSES - GLEN # \_\_\_\_\_ FUNSTEAD # \_\_\_\_\_**

Club membership passes will only be issued to Funstead owners that provide a valid state driver's license, state/military/government ID or passport for identification purposes. You must have your Club membership pass with you for entry into the campground. Security will randomly check the identification of anyone entering the campground to confirm validity of their Club membership passes.

Dependent passes will only be issued for the **spouse of the Funstead owner, the children/ stepchildren of the Funstead owner and their spouse, and the grandchildren of the Funstead owner.** The Funstead owner is responsible for the actions of anyone entering the campground on a dependent pass. Dependents must provide a valid state driver's license, state/military/government ID or passport for identification purposes. Dependents must have their dependent pass with them for entry into the campground. Security will randomly check the identification of anyone entering the campground to confirm the validity of their dependent pass.

A delinquent Club member shall refer to any Funstead owner who is not current in payment of any and all charges with respect to any and all Funsteads owned by the Club member. Delinquent Club members will be denied the use of all dependant passes and guest passes until their account(s) are current.

Upon the sale of your Funstead(s) you must surrender your Club membership passes, dependent passes and guest passes to the office, or passes will not be issued to the new Funstead owner(s).

There will be a \$25.00 fee for replacement of any lost Club membership passes and dependent passes.

Please list the names, date of birth and relationship of the eligible individuals for whom you are requesting Club membership passes and dependent passes:

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Received By: \_\_\_\_\_

Date: \_\_\_\_\_