



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 _____

City _____ State _____ Zip _____

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 I must provide a signed copy of the Golf Cart Rules and Regulations form and supply the Certificate of Golf Cart Liability Insurance Coverage.

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 45 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 have read the Declaration of Restrictions, located at http://indianacres.net/wp-content/uploads/2020/03/Updated-Restrictions-Mar_2020.pdf, and understand I am purchasing a Deed Restricted property and will abide by all rules & regulations that govern the Campground and all Funsteads. The property I/we are purchasing may not be in compliance with the Deed Restrictions and it is my/our responsibility to be in compliance. I have personal knowledge of where my property lines are.

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.
 Non Refundable

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 1st 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"/> 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

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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 (# _____)
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OF CHESAPEAKE BAY

P.O. BOX 66, GEORGETOWN, MARYLAND 21930

PHONE: 410. 275-2161

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)



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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).

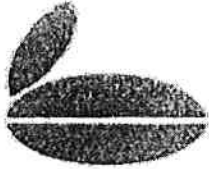
There will be a \$25.00 fee for replacement of any lost Club membership passes and dependent passes.

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: _____



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GOLF CART RULES AND REGULATIONS

- This signed document and the owner's Certificate of golf cart liability insurance coverage must be kept in the Golf Cart at all times, and must be presented to Security when requested.

Registration / Insurance.

- The owner shall register his/her golf cart(s) with the Club.
- By signing this document, owners assert that they have liability insurance on their Golf Cart. Golf carts require Specific Golf Cart Insurance.
- The owner shall provide a current Certificate of Golf Cart Liability Insurance to be kept on file with the Club prior to operating the golf cart. Any Golf Cart or other vehicle in the campground without a certificate shall be immediately removed from the campground.

Operating Golf Cart(s)

- Golf carts shall not be operated by unlicensed drivers.
- Golf cart owners are responsible for any personal injury or property damage caused by golf cart operation. INDIAN ACRES CLUB OF CHESAPEAKE BAY, INC., AND WSC ASSUME NO LIABILITY, AND DISCLAIM ALL LIABILITY FOR ANY INJURIES, DAMAGE, OR LOSSES THAT MAY BE CAUSED BY USE OR OPERATION OF GOLF CARTS WITHIN THE CAMPGROUND.
- The golf cart owner will bear all liability and legal responsibility for the occupants and drivers while using the golf cart. All drivers must be aware of these rules.
- The golf cart operator shall carry a current drivers license at all times while operating the Golf Cart.
- Do not allow more passengers than seating permits. NO STANDING AND/OR RIDING ON THE BACK OF THE GOLF CART(S) WITHIN THE CAMPGROUND. Always follow manufacturers requirements for seating capacities.
- Golf Carts must have working headlights in order to be operated at night. FLASHLIGHTS ARE NOT ACCEPTABLE FORMS OF LIGHT.
- Golf Cart(s) shall have Glen and Funstead number clearly displayed in 3-inch reflective numbers on the front and rear of the golf cart(s).
- Golf Carts are not permitted to make excessive noise. Excessive noise shall be determined at the discretion of the Club.
- Golf Carts are to be maintained in a safe condition.
- ATV/UTV/Mini Bikes/Go Karts/Scooters are not permitted within the campgrounds.
- Golf Carts shall be used only on established Campground roads. No Golf Carts shall be operated on grassy areas.
- Golf Carts must observe quiet hours of 1 A.M. – 5 A.M. and NOT be in use.
- OPEN DISPLAY OF ALCOHOL ON GOLF CARTS IS NOT PERMITTED. NO ONE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS SHALL BE PERMITTED TO OPERATE A GOLF CART WITHIN THE CAMPGROUNDS.
- These terms, conditions, and policies are subject to change without prior warning or notice.

Penalties and Fines for Violation of the Golf Cart Rules.

- 1st Violation – Warning / Seven (7) Days to get into compliance.
- 2nd Violation - \$ 150.00 fine.
- 3rd Violation – Removal of Golf Cart from the Campground and Membership Suspension for Thirty (30) Days.
- The Club reserves the right to take additional actions as provided in the Restated Declaration of Restrictions.

As the listed owner of a Golf Cart kept or used at Indian Acres Campground, I hereby acknowledge and agree to these rules and Regulations.

I currently have Liability Insurance and accept all responsibility on this Golf Cart which the Serial Number is _____

Insurance Company: _____ Policy Number: _____ Expiration Date: _____

Owner(s) Name: _____ Funstead Number: _____ Date: _____

Owner(s) Signature _____

Copy of the Certificate of Golf Cart Liability Insurance must be attached to this document or it will not be processed.