



MEMBERSHIP APPLICATION WILL NOT BE APPROVED UNTIL ALL COMPLIANCE ISSUES HAVE BEEN AGREED TO. PLEASE ALLOW UP TO 30 DAYS FOR THE APPLICATION PROCESS.

INDIAN ACRES

OF CHESAPEAKE BAY

P.O. BOX 65, GEORGETOWN, MARYLAND 21930

PHONE: 410 275-2181 Ext 102

Email: administration@indianacres.net

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**
Investigative Solutions

145 PINELAWN ROAD
SUITE 245N
MELVILLE, NEW YORK 11747
OFFICE: 631-225-1578
FAX: 631-225-1580
WWW.COUNTYWIDEGROUP.COM

DD# _____
APPLICANT NAME: _____

DISCLOSURE TO CONDUCT A BACKGROUND INQUIRY

In the interest of maintaining the safety and security of our customers, employees, and property, **INDIAN ACRES** will order a "consumer report" (background report) on you in connection with your employment application, and if you are hired, or if you already work for the company, we may also order additional background reports on you for employment purposes if necessary. The County Wide Group will prepare the background report for the Company. The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing.

The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational, and as appropriate, driving records checks; verification of prior employment; reference, licensing, and certification checks; credit reports; drug testing results; and if applicable, worker's compensation injuries.

Workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act and/or any other applicable federal, state, or local laws and only after a conditional job offer is made.

Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying.

The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report).

The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by the COUNTY WIDE GROUP. You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the COUNTY WIDE GROUP AT 631-225-1578.

A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

APPLICANT'S FULL NAME: _____

APPLICANT'S SIGNATURE: _____

TODAYS' S DATE: _____



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AUTHORIZATION TO CONDUCT A BACKGROUND INQUIRY

After reading the Background Check Disclosure above, I, _____ hereby authorizes **INDIAN ACRES** and/or its agents to conduct a background check which may be used to determine my eligibility for employment, promotion, or retention. I understand that this report may contain personal information gained through personal interviews or found in any state or local files and public records, including but not limited to information about my character, reputation, living conditions, consumer reports, education, criminal record, drug testing, and previous employment.

I understand that the purpose of this background check is to verify the information included in my application and to obtain additional information that may be pertinent to my qualifications for employment. I understand that this disclosure is all-encompassing, allowing **INDIAN ACRES** to obtain background reports from third-party organizations throughout the course of my employment to the extent permitted by the law.

I understand that this background check is necessary if I wish to meet all the criteria for the position of _____ at **INDIAN ACRES** and that a successful background check is not a guarantee of employment. I also understand that I have the right, upon written request within a reasonable timeframe, to request a copy of my background report.

I agree that **County Wide Group** may contact my references, previous employers, and any applicable third party to confirm all the details that have been included in my application, and I hereby release all parties from any liabilities on account of this disclosure. I further authorize that a photocopy of this authorization may be considered as valid as the original.

would like to receive a free copy of my background check report (California, Minnesota, and Oklahoma applicants only).

APPLICANT'S FULL NAME: _____

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APPLICANT NAME: _____

EMAIL (FOR CONTACT PURPOSES IF NEEDED): _____

PHONE NUMBER (FOR CONTACT PURPOSES IF NEEDED): _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____ ISSUING STATE: _____

OTHER NAMES USED BY APPLICANT:

CURRENT ADDRESS AND ADDRESS(ES) FOR THE LAST 7 YEARS:

ATTACH CURRENT PHOTO IDENTIFICATION (DRIVER'S LICENSE, PASSPORT, ETC.)

ATTACH RESUME (ONLY IF REQUESTED)

- Civil Search: _____
- Credit: _____
- Criminal – State(s): _____
- DMV License: _____
- Drug Screen: _____
- Education Verification: _____
- Employment Verification: _____
- FDA & GSA Debarment List: _____
- Federal Search: _____
- i9 Verification: _____
- In-Person Character Interview: _____
- National Criminal: _____
- OIG Exclusions: _____
- Open-Source Internet: _____
- Patriot Search: _____
- Professional License Check: _____
- Reference Checks: _____
- Sex Offender Database: _____
- Social Media: _____
- Social Security Trace: _____



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The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational, and as appropriate, driving records checks; verification of prior employment; reference, licensing, and certification checks; credit reports; drug testing results; and if applicable, worker's compensation injuries.

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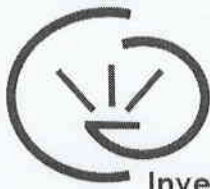
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ATTACH RESUME (ONLY IF REQUESTED)

- Civil Search: _____
- Credit: _____
- Criminal – State(s): _____
- DMV License: _____
- Drug Screen: _____
- Education Verification: _____
- Employment Verification: _____
- FDA & GSA Debarment List: _____
- Federal Search: _____
- i9 Verification: _____
- In-Person Character Interview: _____
- National Criminal: _____
- OIG Exclusions: _____
- Open-Source Internet: _____
- Patriot Search: _____
- Professional License Check: _____
- Reference Checks: _____
- Sex Offender Database: _____
- Social Media: _____
- Social Security Trace: _____



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)



INDIAN ACRES

OF CHESAPEAKE BAY

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: _____