BAYSIDE HOMEOWNERS ASSOCIATION (BHOA) ANNUAL Dues Year _____ **$15.00**/Household

MEMBERSHIP FORM

_____ NEW APPLICATION _____ RENEWAL

SECTION A: (Please Print Clearly)
Primary Resident/Homeowners' Name(s):

_____

BAYSIDE 5-Digit Street Address: _____

Telephone: _____ **Telephone:** _____

MAILING Address for Correspondence:

_____

Email Address: _____ _____ **I don't have email.**

SECTION B: ***Please complete this form and mail it with your $15 dues to:***
BHOA Membership, 34749 Turnbuckle Street, Long Neck, DE, 19966 (This is a mail kiosk not a physical location)

____ $15 Check payable to BHOA ____ $15 Cash ____ Electronic Payment (See Web site for link, bayside-hoa.com) Please send form to bhoamembership@gmail.com by scan, picture or mail to BHOA address.

PLEASE CHECK ONE BOX BELOW

PLEASE NOTE: ***The BHOA Board of Directors is LEGALLY PROHIBITED from representing any member of the BHOA without written permission, except in the matter of Right of First Offer. This form constitutes "written permission" once signed and submitted to the BHOA.***

☐ ***I WANT*** to become a member of the Bayside Homeowners Association (BHOA), and **I give the BHOA Board of Directors permission to represent me**, and any other person(s) currently on the lease at the above Bayside address, in all matters related to Rent Adjustment/Reduction, and any other ***community*** matter related to my manufactured home in Pot-Nets Bayside. **I understand I have the right to refuse representation, in writing to the BHOA Board, for any reason, at any time.**

☐ ***I WANT*** to become a member of the BHOA, **BUT *I DO NOT* give the BHOA Board of Directors permission to represent me**, or any other person(s) currently on the lease at the above Bayside address. **I understand I will not be represented by the BHOA Board in any matter related to Rent Adjustment/Reduction, or any other community matter, unless I change this option, in writing to the BHOA Board of Directors.**

_____ _____
HOMEOWNER SIGNATURE **PRINT NAME**

_____ _____
HOMEOWNER SIGNATURE **PRINT NAME**

DATE_____