Sea Club of Indian Shores Condominium Association Inc. 19725 Gulf Blvd. #600 Indian Shores, Florida 33785 Fax 727 517 9441 Seaclub33785@gmail.com seaclubcoa.com

APPLICATION FOR PROPOSED CONDOMINIUM PURCHASE

**The application fee \$50.00 must be received before approval process.

Unit #	Garage #		Date	
Name				
	Other Phane			
Cell Phone	Other Phone			
Current Address				
City-State-Zip				
E-Mail				
BANKING & EMPLOYME	NT INFORMATION (Current	Employer, Busine	ess Profession)	
Employer			-	
Phone	Contact			
Bank Name	Phone			
AddresS	Contact			
EMERGENCY CONTACT	- Name a person not residing wi	th you.		
Name	Phone			
Address	Relationship			
City/State/Zip				
PERSONAL REFERENCE				
Name	City / State Phone			
Name	City/ State Phone			
ADDITIONAL INFORMATI				
· · · · · · · · · · · · · · · · · · ·	ase Circle) Permanent Home	Second Home	Vacation Rental (7Day Min)	
Number of Permanent O	<u> </u>			
Number of Pets	Breed	Weight		
** Pet Limit 20 pounds Max	c. Please attach or email a rece	cent photo of pet. Rentals (7day min. stay)		
you. You acknowledge that yo Condominium Ownership and	u have received, read, and will abide the by-laws of Sea Club of Indian Sh e Association via your E-mail, text m	by the Rules and Rores Condo Associa	tion. You agree to receive notices and	
Applicant Signature:	Date:			
Applicant Signature:	Date:			
*** FOR SEA CLUB	ASSOCIATION USE ONLY:			
Approve YES NO	BY:	Da	te:	

App form 2024 -3

Sea Club Board