



www.TheShoresAB.com 1845 / 2019 Ocean Blvd. Atlantic Beach, New York 11509 (516) 812-9411

**Application for Bathing Facility**

The undersigned hereby makes application for membership to The Shores @ Atlantic Beach, in Atlantic Beach, NY for the 20\_\_\_\_ summer season. If accepted, the undersigned and all other persons who will share membership privileges and a unit agree to observe and abide by all the rules and regulations, as same may be amended from time to time and all signs posted throughout the Club property.

Membership passes are NOT transferable (unless marked) and are subject to repossession if misused.

The undersigned understands and agrees that all fees and membership charges are to be paid in full on or before May 1, 20\_\_\_\_. Any payments received after May 1, 20\_\_\_\_ will be subject to a 10% increase. If full payment is not received by May 1, 20\_\_\_\_, management reserves the right, in its sole discretion, to cancel this Agreement and shall retain, as and for liquidated damages, the entire Deposit. Upon the cancellation of this Agreement, the Club reserves the right to convey the undersigned's membership interest and unit to another as though this Agreement had never been made, but the failure of the Club to convey the unit shall not release or affect the undersigned's liability for the full season.

All agreements and representations contained herein are and shall be binding upon all those persons who will share my unit, and who join me in this application.

**I have read and accept the above information. \***

\_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_  
 Print

<p><b>Billing Information</b></p> <p>_____  <i>First &amp; Last Name</i></p> <p>_____  <i>Street Address</i></p> <p>_____  <i>City</i></p> <p>_____  <i>State</i></p> <p>_____  <i>Zip Code</i></p> <p>_____  <i>Telephone</i></p> <p>_____  <i>Email</i></p> <p>_____  <i>Unit Type</i></p>	<p><b>Member Information</b></p> <p>_____          Member 1 Name          D.O.B. _____ Type _____</p> <p>_____          Member 2 Name          D.O.B. _____ Type _____</p> <p>_____          Member 3 Name          D.O.B. _____ Type _____</p> <p>_____          Member 4 Name          D.O.B. _____ Type _____</p> <p>_____          Member 5 Name          D.O.B. _____ Type _____</p> <p>_____          Member 6 Name          D.O.B. _____ Type _____</p> <p>Additional Parking Passes? (Circle one)          No 1 2 3</p>
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**Office Use Only:**  
 Club Requested \_\_\_\_\_ Unit Requested: \_\_\_\_\_ Required Deposit: \$ \_\_\_\_\_