

BERKELEY SHORES HOMEOWNERS' CIVIC ASSOCIATION (BSHCA)  
MEMBERSHIP APPLICATION

Last Name \_\_\_\_\_

First name 1: \_\_\_\_\_ First Name2: \_\_\_\_\_

Street: \_\_\_\_\_ Bayville, New Jersey 08721

Bayville Phone No: (732) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Street Address: (for mailings) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address : \_\_\_\_\_ Very Important

Annual Dues: \$ 30.00 (per household) \_\_\_\_\_

Name of Boat: \_\_\_\_\_ Year Purchased House: \_\_\_\_\_

You may include my name in the BSHCA member directory \_\_\_ Yes \_\_\_ No

We would like to put together some programs to support the interests of our members. Please help us by indicating your interests below:

Fishing \_\_\_ Boating \_\_\_ Crabbing \_\_\_ Travel \_\_\_

Tennis \_\_\_ Board Games \_\_\_ Gardening \_\_\_ Cooking \_\_\_ Hiking \_\_\_

Cards \_\_\_ Atlantic City \_\_\_ Woodworking \_\_\_

Golf \_\_\_ Computers \_\_\_ Other \_\_\_\_\_

Mail application and your check Payable to: "BSHCA" to:

**BSHCA - Membership**  
**PO Box 134**  
**Bayville, NJ 08721**