

**BERKELEY SHORES CIVIC ASSOCIATION (BSCA)
MEMBERSHIP APPLICATION**

First Name: _____

Last Name: _____

Additional Member's First Name: _____

Additional Member's Last Name: _____

Address in Berkeley Shores: _____

Mailing Address (If Different from Berkeley Shores Address):

Berkeley Shores Telephone Number: _____

Cell Phone Number: _____

Additional Cell Phone Number: _____

Email Address: _____

Does another person in the household want to receive BSCA emails? If so, please provide email address: _____

Name of Boat (if applicable): _____

How did you hear about BSCA?: _____

Annual Dues: \$30.00 (per household)

Membership Period: July 1, 2024 through June 30, 2025

Returned Check Fee: \$35.00

Mail your application and your check payable to "Berkeley Shores Civic Association" to:

Berkeley Shores Civic Association - Membership

PO Box 134

Bayville, NJ 08721