

Bayway Isles Homeowners Club, Inc.

5650 Leeland Street South ♦ St. Petersburg, Florida 33715-1637 ♦ Phone (727) 867-7586 ♦ www.baywayisles.com

Homeowner Application for Membership

(Completed application must be forwarded for Association approval by e-mail or US mail prior to property closing)

Mail to: Membership, Bayway Isles Homeowner Club, Inc.
5650 Leeland Street South, St. Petersburg, FL 33715; or via
electronic mail to: [Jaclyn Turner <jaclyn.s.turner@gmail.com>](mailto:Jaclyn.Turner@gmail.com)

Fill this form out:



The undersigned applicant having contracted to buy Bayway Isles

Lot(s) _____ Block _____ Unit: BWI-1 _____ BWI-2 _____ (check one)

Address: _____, St. Petersburg, FL 33715,

Hereby applies for membership in Bayway Isles Homeowners Club, Inc. (the "Association"), **confirms his/her/their agreement to comply with the Association's Governing Documents (Deed Restrictions, Architectural Standards and Guidelines, and other Policies)**, and herewith furnishes the following information:

1. Name(s): _____
(Mr/Mrs/Ms/Dr) First Name Last Name Spouse/Co-Owner if applicable

2. Applicant(s) acknowledges receiving copies of the Association's
Deed Restrictions and Covenants and Architectural Standards and Guidelines: YES NO

3. Applicant(s) acknowledges that the property can be used/occupied by only
one individual, or one couple, or one single-family unit: YES NO

4. Applicant(s) acknowledges that the property can be leased for no less than
12-months and only with notification to and approval by the Association: YES NO

5. Applicant understands that the Association may enter upon the exterior of
the property at any reasonable hour to inspect for compliance issues: YES NO

6. Applicant consents to receiving Association notices by electronic transmission: YES NO

7. Email Address(s): _____

8. Applicant consents to provision of an email address to the Social Club: YES NO

9. Email Address for Social Club communications: _____

10. The Bayway Isles address will be your primary home residence: YES NO

11. If not your primary residence, provide a mailing address for Association Notices:

12. Contact Information: Home Phone: _____ Cell Phone: _____

13. Occupation: _____

14. Business Address: _____

15. Business Phone: _____ Business Email: _____

Owner/Applicant Signature

Co-Owner/Applicant Signature

Date Signed:

Date Signed:

Expected closing date:

Membership Application Approved:

Officer of the Board
Bayway Isles Homeowners Club, Inc. Date: _____

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