



MARCO ISLAND CIVIC ASSOCIATION - RESIDENTS' BEACH

1770 SAN MARCO ROAD #204
MARCO ISLAND, FLORIDA 34145

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APPLICATION FOR RENTER (2 MONTHS OR LONGER) PASS
FISCAL YEAR 2017-2018 RESIDENTS' BEACH

PLEASE PRINT LEGIBLY:

Name _____

Home Mailing Address _____

Daytime Telephone Number _____

Email Address _____

Enclosed is my check for \$140.00 covering the application fee for a **Renter's Residents' Beach pass**. Fees are not prorated. CHECKS SHOULD BE MADE PAYABLE TO MICA.

A pass may be issued for a rental period of 2 months or longer, based upon the lease agreement.

By providing proper documentation of Marco Island residency, I will receive a **beach pass for the time period for which I am renting during MICA's fiscal year 2017-2018**, which will enable me to access the Residents' Beach properties at 130 South Collier Boulevard and MICA's Sarazen Park at 930 Swallow Avenue.

In support of this application, I AM SUBMITTING HEREWITH PROOF that I qualify for membership by including a legible copy of the following with my application:

- Copy of lease for a residential property on Marco Island with a term of not less than two months from a real estate agent or Marco Island property owner. Lease must contain name, address & telephone number of landlord.

Dates of Rental Period: _____

Address of Rental Property: _____

This application is subject to a three-day review period.

I understand that: 1) Residents' Beach membership will be granted only to natural persons (not corporations or trusts); 2) not more than one membership will be issued to any resident; 3) membership is non-transferable; 4) my picture will be taken at the MICA office and an ID will be issued for my use only; 5) passes presented for entry will not be honored if, upon identification check, it is determined that the individual presenting the pass is not the individual to whom the pass was issued; 6) members are required to present photo identification to MICA representative upon request; 7) there is no refund of fees; 8) by supplying my email address, I authorize MICA to email me information. As a member of the Residents' Beach I waive for myself and any of my guests any cause of action that may arise for damages of any kind and matter. I understand that any violation of membership rules and beach access regulations will be grounds for cancellation of my membership. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

(Date of Application)

(Signature of Applicant)