



MARCO ISLAND CIVIC ASSOCIATION - RESIDENTS' BEACH
 1770 San Marco Road #204, Marco Island, FL 34145
 Phone: 239-642-7778 Fax: 239-642-8663 www.marcocivic.com

APPLICATION FOR 2018-2019 MICA - RESIDENTS' BEACH
For Residential Property Owners

Please print legibly

Name: _____

Mailing Address: _____

MARCO RESIDENTIAL PROPERTY ADDRESS _____
 (BUSINESS ADDRESS OR PO BOX IS NOT ACCEPTABLE)

Enclosed is my check for \$140.00 covering application fee for my **non-transferable** MICA - Residents' Beach membership. Fiscal year is **September 1, 2018 through August 31, 2019**. Fees are not prorated or refundable. PLEASE MAKE CHECK PAYABLE TO MICA.

I certify that I am a Marco Island resident, and in support of this application, I AM SUBMITTING HEREWITH PROOF that I qualify for membership by including a legible copy of **one of the following** with my application:

- Copy of *current* proposed tax statement, or property tax bill, or homestead exemption card for **improved** residential dwelling on Marco Island showing the street address. OR
- Copy of *current* homeowner's, wind, or flood insurance policy for my residential dwelling on Marco Island, showing the street address. OR
- Copy of *current* condominium maintenance fee statement for my residential dwelling showing the Marco Island street address. OR
- **New property owners:** copy of warranty deed or copy of closing statement.

ONLY THE ABOVE DOCUMENTS WILL BE CONSIDERED AS ACCEPTABLE PROOF OF RESIDENCY.

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) members are required to present photo identification to MICA representatives upon request; 6) there is no refund of fees; 7) the fee to replace an ID card is \$25.00; 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 Signature of Applicant Daytime phone #: _____

E-mail address: _____ Cell #: _____