LAKESIDE BOATING & CAMPING ASSOCIATION MEMBERSHIP INFORMATION / APPLICATION (2022)

NAME:			D.O. Birt	:h
SPOUSE (Live In):			D.O. Bir	h
CHILD/CHILDREN: (List only those livin	g at home under the a	age of 21 (23 if a	single & en	colled in college)
1)				<u> </u>
2)		Age		
3)		Age		
HOME ADDRESS:				
HOME ADDRESS: CITY:	ZIP CODE:			
HOME TELEPHONE NUMBER:				
CELL PHONE NUMBER:				
E-MAIL ADDRESS:				
MEMBERSHIP TYPE DESIRED: Check one:				
• Lakefront Camping (\$1000)	0	With boating	mambarshir	additional \$150
 Non-Lakefront Camping (\$1000) Non-Lakefront Camping (\$850) 	0	with boating i	nembersnip	
(There is a one-time \$50 general maintenance fee	assessed to new first_ti	me members)		
(There is a one-time \$50 general maintenance rec	assessed to new, mist-ti	ine members.)		
I plan to use the following on the premise	es:			
• Ski Boat/Proof of Insurance requi		Golf Cart/Pro	of of Insur	ance Required
• Fishing Boat/Elect. or max 7.5 gas		Cabin/Already		-
 Canoe/Kayak/Paddle Boat/Paddle Board 		Camper/Moto		
New Member Applicants: I understan		-		rs involved in the
membership process to make an independent inc felony police records of a public nature over the information will only be viewed and used by thos description below of any misdemeanor or felony during the past 10 years.)* I agree to abide by th ** Failure to meet the end of Feb. fee deadline fo	puiry of my character an past 10 years for use in t se involved in the membe charges, with dates fron e current rules and regu	Id background inc the determination ership process. NC n assignment to co lations of the Lak	eluding any m of membersh DTE: (Please ompletion of le ceside B&C A	isdemeanor or ip. This give a short egal involvement
SIGNATURE(S):			DATE:	
SIGNATURE(S): GATE KEY	IDENTIFICATION:	##		#
* Return or Mail to Lakeside Secretary: Cheryl	Nicks, 7803 Nickerson R * * * * * * * * * * * * * * * * * * *	d. Nickerson, KS	5 67561 * * * * * * * * * *	* * * * * * * * * * * * * *
*BOAT INS	URANCE INF	ORMATI	ON	
(This information is or *Remember – a copy of the declaration page ind \$5,000 medical coverage per person must be on f immediately updated if the policy expires during	ile with the secretary to	num operator liab	oility coverag	
*Golf Cart Liability I	Insurance Re	equired at	the Re	enewal

Along with this application if you are operating a golf cart on Lakeside Property. You must provide a copy of Golf Cart Liability Insurance to the treasurer. Golf carts will not be allowed without this and your application and renewal will not be completed. Revised (01/2022)