



MEMBERSHIP APPLICATION FORM

___ Condominium
___ Hotel

___ Initial Application ___ Membership Renewal

COMPLETE NAME of CONDOMINIUM ASSOCIATION OR HOTEL:

Address: _____ Miami Beach, FL 33140

Business Phone: _____

Website Address: _____

Member's Social Media handles (usernames):

Instagram:

Twitter:

Facebook:

Authorized Representative(s):

1. Name: _____ **Position:** _____

Cell: _____ **Email:** _____

2. Name: _____ **Position:** _____

Cell: _____ **Email:** _____

Annual Membership Dues for the year: _____

___ \$ 50.00 per year for Condominium Association Members

___ \$250.00 per year for Hotel Members

Signature of Authorized Representative: _____

Date Check Received: _____ *By (initials):* _____

Please mail or hand-deliver completed Membership Application Form with dues to:

**MidBeach Neighborhood Association
c/o Melinda Pearce
6000 Indian Creek Condo Association
Suite 2301
Miami Beach, FL 33140**