

**HILLSBORO SHORES IMPROVEMENT ASSOCIATION, INC.**

**P.O. Box 5092**

**Pompano Beach, FL 33074-5092**

**2021 MEMBERSHIP FORM**

All Members are required to submit this membership form which must be signed before a notary, along with their payment of the appropriate dues. Both the notarized form and payment must be received for membership to be valid. By signing this membership form and paying dues Members are agreeing to abide by H.S.I.A. Inc.'s Rules and Regulations. The 2021 Rules and Regulations can be found on hillsboroshores.org.

**A separate form must be completed for each H.S.I.A. property owned by the same Member.**

For H.S.I.A. properties owned in the name of a Corporation or Limited Liability Corporation, a copy of the Deed and applicable Articles of Incorporation and a list of names and email addresses for all owners must be attached to this form.

New Members must submit the membership form and payment in person. Please contact Paola Torres, Alliance Property Systems, [ptorres@allprosys.net](mailto:ptorres@allprosys.net) , 965-745-7578 to make the necessary arrangements.

**H.S.I.A. 2021 Membership Dues and Fees**

Schedule of dues for fiscal year 01/01/2021 – 12/31/2021 for all member classifications:  
Please refer to the By-Laws and Amended Articles for description of classifications.

Members who do not rent their property:	\$ 350.00
Members who rent their property only one time per year:	\$ 500.00
Members who rent their property <u>more</u> than one time per year (short term):	\$1,500.00
New Member Entry Membership fee:	\$ 500.00*

\*All member classes are subject to a new member entry membership fee upon their initial membership application.

Members who let their membership lapse are required to pay a reinstatement fee.	
Reinstatement fee/Re-entry fee:	\$ 500.00
Beach gate access device re-activation fee:	\$ 100.00
Beach gate access device replacement fee (per device):	\$ 50.00

H.S.I.A. does not prorate dues.

Please fill out pages 2-4, sign, notarize and return with your payment to:  
Alliance Property Systems  
P.O. Box 19439  
Plantation, FL 33318

**Membership Form and Dues Must Be Received and Paid By March 1st, 2021**  
**Beach gate access devices will be deactivated for Members who fail to pay their dues by this date.**

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NAME: Property Owner #1 \_\_\_\_\_

Property Owner #2 \_\_\_\_\_

**If there are more than two property owners, please attach a separate sheet listing all additional property owners.**

Street Address, APT/Unit # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number                      Cell: \_\_\_\_\_                      Work: \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Alternate Email Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

**Mailing Address if Different from H.S.I.A. Property Address:**

Street Address, APT/Unit # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Please note that H.S.I.A. will not mail notices to non-U.S.A. addresses.

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**RENTAL PROPERTIES:** Do you rent or do you intend to rent out this Property? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please fill out questions 1 through 4.

1. I rent/intend to rent for a period of:
  - a. Short term: \_\_\_\_\_ more than one rental per calendar year
  - b. Long term: \_\_\_\_\_ one time per calendar year
  
2. Applicable Licensing/Registration Information
  - a. For short term rentals: Please provide a copy of the following:
    1. City of Pompano Beach Short Term Rental Permit
    2. City of Pompano Beach Business Tax Receipt
  - b. For long term rental: Please provide a copy of the following:
    1. City of Pompano Beach Business Tax Receipt

3. Description of Property:

Single Family Home: \_\_\_\_\_  
Condominium/Townhome: \_\_\_\_\_  
Number of Bedrooms: \_\_\_\_\_  
Number of Permitted Guests: \_\_\_\_\_ (As allowed by City Permit)  
Number of Allowed Cars: \_\_\_\_\_ (As allowed by City Permit)

4. Management Company/Authorized Responsible Representative Information for HSIA Rental Property:

Primary contact name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_

24 – Hour Contact Name and Phone Number: \_\_\_\_\_

5. Notification Requirement: Within seven days of entering into every lease or rental agreement for their property, members must report to the Association the name, contact information and the dates of the lease/rental period for the lessee/renter and state whether the renter/lessee has been given a beach gate key device. All rentals must be in compliance with all applicable city, state, and federal statutes, ordinances, rules and regulations. (HSIA Bylaws Article 12.5) Notice can be made via hillsboroshores.org using the Rental Notification link.
  
6. Members who fail on three or more occasions in a given calendar year to comply with the Notification Requirement will have their beach gate access device revoked. Members who fail to comply with applicable city, state, and federal statutes, ordinances, rules and regulations will be considered not to be members in good standing and risk having their beach gate access devices revoked.

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By signing below, in the presence of a notary, I acknowledge receipt of the H.S.I.A., Inc. 2021 Rules and Regulations and agree to abide by same. H.S.I.A. Inc's Rules and Regulations are posted on hillsboroshores.org or you can contact hillsboroshores@gmail.com to receive a copy. I/We agreed to provide our renters/lessees with a copy of the 2021 Rules and Regulations.

Property Owner # 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Property Owner # 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

By signing below, I authorize H.S.I.A., Inc., pursuant to the By-Laws, to send me written notifications and notice of all meetings, including special meetings and the Annual Meeting, by email only to the email listed above as the primary email address:

Property Owner # 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Property Owner # 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**State of Florida:**  
**County of \_\_\_\_\_:**

**The foregoing instrument was acknowledged before me on this \_\_\_\_ day of \_\_\_\_\_ 2021, by \_\_\_\_\_ by means of \_\_\_ physical presence or \_\_\_ online notarization, who states that he/she has read the foregoing pages 2-4 and that the factual statements contained therein are true and correct to the best of his/her knowledge. He/she is personally known to me or did produce his/her identification**

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Print, type, or stamp Commissioned Name of Notary Public**

**My Commission Expires:** \_\_\_\_\_

**Notary Seal**

