

# ELEPHANT ROCK BEACH CLUB

## Sibling ID Application - 2024

*For Adult Siblings (and their children under age 30) of ERBC Members, who share ownership of the family home. **REQUIRES BOARD APPROVAL**  
One sibling will become full member; all siblings must be named on property deed.*

One ID per sibling/family required. Sibling ID Pass allows use of Member's Parking Tag  
Individual Sibling ID (Unmarried/no kids): \$350.00      Family Sibling ID: \$500.00

Member Name: \_\_\_\_\_ Membership # \_\_\_\_\_

Sibling ID Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Sib ID Email: \_\_\_\_\_ Sib ID Cell: \_\_\_\_\_

Name & Birthdate of Children (under 30) if Family ID: *Individual or Family (Circle One)*

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

Sibling ID Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Sib ID Email: \_\_\_\_\_ Sib ID Cell: \_\_\_\_\_

Name & Birthdate of Children (under 30) if Family ID: *Individual or Family (Circle One)*

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

Sibling ID Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Sib ID Email: \_\_\_\_\_ Sib ID Cell: \_\_\_\_\_

Name & Birthdate of Children (under 30) if Family ID: *Individual or Family (Circle One)*

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ DOB \_\_\_\_\_

As the member, I understand that all SIBLING ID charges will go on my account.  
and that I am responsible for all Sibling ID holders abiding by all ERBC rules & regulations.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Application & Payment to: ERBC - PO Box 3435 - Westport, MA 02790  
*Incomplete Applications will be returned*