

## 2025 Membership Application Resident/Condo/General Public

Applicants Name:		Lot:	
Address:		State:	Zip:
Co-Applicants Name:		Date:	
Email:		Phone:	
Type of Membe	ership Applying for: Please select one	(A family is 2 members li	ving in one household)
	Annual Single \$2725.00	Annual Family \$40	97.18
	Seasonal Single \$2043.00	Seasonal Family \$3	075.00
	Seasonal 9 Hole Single \$1226.00	Seasonal 9 Hole Fa	mily \$1844.00
	Nine Hole Single \$1648.00	Nine Hole Family \$	2462.00

## \*ALL RATES LISTED ABOVE DO NOT INCLUDE TAX (6.5%)

<sup>\*</sup>Seasonal Memberships are available for people that have a residence outside the state of Florida. Proof of address is needed. Seasonal Memberships will expire 6 months from the signing date posted on this contract. Seasonal memberships may be prorated more/less than 6 months. No less than 3 months proration allowed.

<sup>\*9</sup> Hole Memberships may only play 9 holes per day. Pro Shop has discretion as to front or back nine due to availability.

## **Method of Payment: Please select one**

Quarterly  Service charge per payment  I on this application are entitled to use the Co-Op, Inc. An irrevocable assent to the ns may change from time to time, is given the person or persons whose name appears lations can be obtained at the Pro Shop.  2024 (2023-2024) Seasonal Memberships of first quarter annual fees/half payments in this signed document stipulating that the court forward forwards are the court forwards are the court forwards are signed.
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sonal fee golf privilege. If the applicant nents must be received at the beginning of Fees listed in this agreement. All personse/seasonal fee by agreement end date shall yment arrangement for the following year mber, full payment must be tendered with d arrearage. Payments later than 15 days
ants printed name)
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Signature of Applicant:

Signature of Co-Applicant:

\_Date:\_\_\_\_\_