



MEMBERSHIP APPLICATION

Member #

1st Member Last Name _____ First Name _____
Date of Birth _____ Cell Phone _____
Email Address _____

2nd Member Last Name _____ First Name _____
Date of Birth _____ Cell Phone _____
Email Address _____

LOCAL Florida Address

Street _____ Unit /Apt # _____
City _____ State _____ Zip Code _____

ALTERNATE Address

Street _____ Unit /Apt # _____
City _____ State _____ Zip Code _____

EMERGENCY CONTACT

_____ Name _____ Phone _____

Referred by a member? _____

If you choose a SEASONAL MEMBERSHIP -- List your start and ending months below

Membership Type _____

Start Date _____ End Date _____

MEMBERSHIP APPLICATION -- PAGE 2

Please check the appropriate box(es) and total the amount at bottom of page. **7% sales tax not included.**

MEMBERSHIP OPTIONS <small>Annual golf memberships include social, tennis, & pool benefits.</small>	INITIATION Fee	ANNUAL Dues	MONTHLY Dues	LIST ALL \$ AMOUNTS IN THIS COLUMN
GOLF - ANNUAL		<i>Choose Annual or Monthly</i>		
FULL CLUB INITIATION FEE	<input type="checkbox"/> \$1,500.00			
<input type="checkbox"/> Full Club Family		<input type="checkbox"/> 4,800.00	<input type="checkbox"/> 400.00	
<input type="checkbox"/> Full Club Combo*		<input type="checkbox"/> 4,320.00	<input type="checkbox"/> 360.00	
<input type="checkbox"/> Full Club Single**		<input type="checkbox"/> 3,720.00	<input type="checkbox"/> 310.00	
ASSOCIATE GOLF INITIATION FEE	<input type="checkbox"/> \$1,000.00			
<input type="checkbox"/> Associate Golf Family***		<input type="checkbox"/> 3,600.00	<input type="checkbox"/> 300.00	
<input type="checkbox"/> Associate Golf Combo		<input type="checkbox"/> 3,300.00	<input type="checkbox"/> 275.00	
<input type="checkbox"/> Associate Golf Single		<input type="checkbox"/> 3,060.00	<input type="checkbox"/> 255.00	
GOLF AFTER NOON INITIATION FEE	<input type="checkbox"/> \$500.00			
<input type="checkbox"/> Full Club After Noon Family		<input type="checkbox"/> 2,700.00	<input type="checkbox"/> 225.00	
<input type="checkbox"/> Full Club After Noon Combo		<input type="checkbox"/> 2,340.00	<input type="checkbox"/> 195.00	
<input type="checkbox"/> Full Club After Noon Single		<input type="checkbox"/> 2,100.00	<input type="checkbox"/> 175.00	
<small>*Combo – 1 golfer & 1 non-golfer / ** Single Household Only / ***Associate -Must be 55 or younger</small>				
ANNUAL GOLF REQUIRED ADD ONS		FAMILY	SINGLE	
<input checked="" type="checkbox"/> Range Fee		<input type="checkbox"/> 200.00	<input type="checkbox"/> 100.00	
<input checked="" type="checkbox"/> Hole-in-One		<input type="checkbox"/> 20.00	<input type="checkbox"/> 10.00	
GOLF - SEASONAL (Available Nov 1 – April 30)	INITIATION	FAMILY	SINGLE	
1 Month	None	<input type="checkbox"/> 1,195.00	<input type="checkbox"/> 995.00	
2 Months	None	<input type="checkbox"/> 2,390.00	<input type="checkbox"/> 1,990.00	
3 Months	None	<input type="checkbox"/> 3,585.00	<input type="checkbox"/> 2,985.00	
4 Months	None	<input type="checkbox"/> 4,780.00	<input type="checkbox"/> 3,980.00	
SUMMER GOLF (July/Aug/Sept ONLY)	None			
OPTIONAL GOLF ITEMS		FAMILY	SINGLE	
Handicap <input type="checkbox"/> Men and/or <input type="checkbox"/> Ladies		<input type="checkbox"/> 80.00	<input type="checkbox"/> 40.00	
Locker <input type="checkbox"/> Men and/or <input type="checkbox"/> Ladies		<input type="checkbox"/> 200.00	<input type="checkbox"/> 100.00	
Bag Storage <input type="checkbox"/> Men and/or <input type="checkbox"/> Ladies		<input type="checkbox"/> 250.00	<input type="checkbox"/> 125.00	
Cart Plan – Annual		<input type="checkbox"/> 2,375.00	<input type="checkbox"/> 1,300.00	
Cart Plan – Seasonal (Nov 1 – Apr 30)		<input type="checkbox"/> 1,670.00	<input type="checkbox"/> 910.00	
Walk Plan – Annual		<input type="checkbox"/> 460.00	<input type="checkbox"/> 275.00	
Walk Plan – Seasonal (Nov 1 – Apr 30)		<input type="checkbox"/> 325.00	<input type="checkbox"/> 195.00	

SUBTOTAL \$ _____
 Add 7% tax \$ _____
INITIATION FEE NO TAX \$ _____
TOTAL DUE \$ _____

We accept checks or credit cards. For monthly billing on credit cards or checking accounts please be sure to complete page 4 "Payment Options".

MEMBERSHIP APPLICATION -- PAGE 3

TENNIS - ANNUAL	INITIATION		ANNUAL		MONTHLY
<input type="checkbox"/> Family	250.00	<input type="checkbox"/>	1,500.00	<input type="checkbox"/>	125.00
<input type="checkbox"/> Single	250.00	<input type="checkbox"/>	1,200.00	<input type="checkbox"/>	100.00
TENNIS – SEASONAL (Nov 1 –April 30)	INITIATION		FAMILY		SINGLE
<input type="checkbox"/> 3 Months	None	<input type="checkbox"/>	750.00	<input type="checkbox"/>	600.00
<input type="checkbox"/> 6 Months	None	<input type="checkbox"/>	1,200.00	<input type="checkbox"/>	975.00
SUMMER TENNIS (July/Aug/Sept ONLY)					

SOCIAL	INITIATION		ANNUAL		MONTHLY
Family / Single	100.00	<input type="checkbox"/>	780.00	<input type="checkbox"/>	65.00

We accept checks or credit cards.

For Monthly billing on credit cards or checking accounts

Please be sure to complete page 4 "Payment Options".

SUBTOTAL \$ _____
 Add 7% tax \$ _____
INITIATION FEE NO TAX \$ _____
TOTAL DUE \$ _____

Resignation, assuming a Membership has been active for twelve months, a Member may resign their Membership in the Club by providing written notice to the Club. The Membership shall be deemed resigned and the Member will no longer be obligated to pay dues effective the last day of the month following the month in which the resignation is tendered. Once the Club is notified of such resignation, the Members privileges in the Club will cease as the effective date of the resignation.

If a Member resigns, they will not be entitled to a refund of any initiation fee, dues, trail fees, or charges paid in advance.

Upon resignation the former Member will not be permitted to rejoin the Club within the first 12 months unless a full payment of back dues is received. Likewise, if a Member downgrades their Membership category the Member will not be able to upgrade within the first 12 months unless a full payment of back dues is received.

Hold Harmless, I hereby acknowledge that the use of the Club facilities and any privilege or service incident to Membership in the Club is voluntary and that any use or acceptance of any service or privilege incident to Membership is undertaken with knowledge of the risk of possible injury. I hereby accept any and all risk of injury to myself, my guests and family members sustained while using the Club facilities or involved in any event or activity incident to Membership in the Club. In accepting this risk of injury, I understand that I am relieving the Owner and the operator of the Club facilities and those employed by or affiliated with the Owner and the operator of the Club facilities from any and all loss, cost, claims, injury, damage or liability sustained or incurred by myself, my guests and family members resulting from or arising out of any conduct or event connected with Membership in the Club and use of any of the Club facilities.

Membership Documents, I hereby acknowledge receipt of the Twin Isles Country Club application and Rules. I have read and understand them, and agree to be bound by the terms and conditions thereof as the same may be amended from time to time by the Club. I further acknowledge that I am not relying on any oral representations in acquiring a Membership in the Club. This Membership application may not be amended or modified, nor shall any waiver of any provision hereof be effective, except by an instrument in writing executed by the undersigned and the Club. This Membership application shall be governed by and construed and enforced in accordance with the laws of the State of Florida, without giving effect to principles of conflicts of law.

I understand that this Membership application will not be acted upon unless fully completed, signed and accompanied by the required payment. Membership is contingent upon approval by the Club, which approval shall be at its sole discretion. It is agreed that if this Membership application is not acted upon favorably, the amount paid herewith shall be promptly refunded without interest, whereupon this Membership application shall be void.

*The undersigned applicant hereby acknowledges and agrees that the **deposit payment accompanying this Membership application is NON-REFUNDABLE**, regardless of reason, except if this Membership application is not approved by the Club. I, and members of my family and guests, agree to abide by the Rules of the Twin Isles Country Club. If a joint application, the signature of spouse is required.*

Additionally, I/We understand that this is a 1-year paid dues commitment for Membership listed on Page 2 or 3, after which it will go to a Month-to-Month Membership.

Applicant's Signature _____

Date _____

Spouse/Partner Signature _____

Date _____



MEMBERSHIP APPLICATION -- PAGE 4

PAYMENT OPTIONS

Twin Isles offers two convenient ways to pay your monthly statement in addition to the traditional payments of cash or check. Payments can be made by having the amount due charged to a credit card each month or payments can be *automatically* withdrawn from your bank account. If you wish to utilize either of these payment options, please complete the form below and return it to the office. It can also be emailed to officemgr@twinislesc.org. Thank you!

MEMBER NAME: _____

MEMBER # _____

ACH AUTOMATIC BANK WITHDRAWAL

TYPE OF ACCOUNT: Checking Savings

Name As It Appears on Account

Bank Name

Routing Number (9 digits)

Account Number

The authorization located at bottom of this form MUST be signed.

AUTOMATIC CREDIT CARD PAYMENT

TYPE OF ACCOUNT: Visa Master Card Am Express Discover

Cardholder Name

Account Number

Exp Date

3-digit CVV #

The authorization located at bottom of this form MUST be signed.

AUTHORIZATION

Your member statement will be sent on or about the 1st of each month via email or US Mail. You authorize Pope Golf to collect regularly scheduled payments from you via Credit Card or Bank Withdrawal in the amount due on the statement on or about the 10th of the month following the incurred charge. I understand that this authorization will remain in effect until I cancel it in writing.

I agree to notify the club in writing of any changes in my credit card or bank account information at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next or prior business day. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that the club may, at its own discretion, attempt to process the charge again within 45 days and I agree to an additional \$50 charge for each NSF collection attempt which may be initiated as a separate transaction from the recurring charge. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this authorization form.

Member's Signature

Date