



MEMBERSHIP APPLICATION

Member #

EFFECTIVE _____

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 _____

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

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

EMERGENCY CONTACT

Name Phone

Name Phone

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

Membership Type _____

Start Date _____

End Date _____

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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 range, handicap, social, tennis, & pool benefits.</small>	INITIATION Fee	ANNUAL Dues	MONTHLY Dues	LIST \$ AMOUNTS IN THIS COLUMN
GOLF - ANNUAL		<i>Choose Annual or Monthly</i>		
FULL CLUB	INITIATION FEE	<input type="checkbox"/> 1,500.00	ANNUAL	MONTHLY
<input type="checkbox"/> Full Club Couple		<input type="checkbox"/> \$5,175	<input type="checkbox"/> \$445	
<input type="checkbox"/> Full Club Single		<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$390	
ASSOCIATE GOLF*	INITIATION FEE	<input type="checkbox"/> 1,000.00		
<input type="checkbox"/> Associate Golf Couple		<input type="checkbox"/> \$4,200	<input type="checkbox"/> \$365	
<input type="checkbox"/> Associate Golf Single		<input type="checkbox"/> \$3,460	<input type="checkbox"/> \$305	
GOLF AFTER NOON	INITIATION FEE	<input type="checkbox"/> 500.00		
<input type="checkbox"/> Full Club After Noon Couple		<input type="checkbox"/> \$3,400	<input type="checkbox"/> \$300	
<input type="checkbox"/> Full Club After Noon Single		<input type="checkbox"/> \$2,700	<input type="checkbox"/> \$235	
*Associate –Must be 55 or younger / Above SINGLE plans include social for partner/spouse – but not Tennis				

ANNUAL GOLF – OPTIONAL ITEMS	ANNUAL RATE COUPLE	ANNUAL RATE SINGLE	MONTH BILLED
Locker <input type="checkbox"/> Men and/or <input type="checkbox"/> Ladies	<input type="checkbox"/> \$220	<input type="checkbox"/> \$110	JUNE 30
Bag Storage <input type="checkbox"/> Men and/or <input type="checkbox"/> Ladies	<input type="checkbox"/> \$250	<input type="checkbox"/> \$125	JUNE 30
Cart Plan - Annual	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$1,800	SEPT 30
Walk Plan - Annual	<input type="checkbox"/> \$700	<input type="checkbox"/> \$350	SEPT 30

GOLF – SEASONAL <small>(includes range & storage)</small> <small>(Available Nov 1 – April 30)</small>	INITIATION FEE	COUPLE	SINGLE
3 Months – Consecutive	None	<input type="checkbox"/> \$4,050	<input type="checkbox"/> \$3,450
Cart Plan – Seasonal**		<input type="checkbox"/> \$2,700	<input type="checkbox"/> \$1,350
**Only available with 3-month seasonal golf membership			

TENNIS – ANNUAL	INITIATION	ANNUAL	MONTHLY
<input type="checkbox"/> Couple	<input type="checkbox"/> 250.00	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$125
<input type="checkbox"/> Single	<input type="checkbox"/> 250.00	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$100

TENNIS – SEASONAL	INITIATION	COUPLE	SINGLE
6 Months (Nov 1 – April 30)	None	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$975
SUMMER TENNIS (May 1 thru Sept 30)	None	<input type="checkbox"/> \$499	<input type="checkbox"/> \$299

SOCIAL	INITIATION	ANNUAL	MONTHLY
Couple or Single	<input type="checkbox"/> 100.00	<input type="checkbox"/> \$840	<input type="checkbox"/> \$70

SUBTOTAL \$ _____
 Add 7% tax \$ _____
TOTAL DUE \$ _____

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Resignation, assuming a Membership has been active for twelve months, a Member may resign their Membership in the Club by providing a **30-day 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 COUPLE 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 COUPLE 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, members on my membership and guests, agree to abide by the Rules of the Twin Isles Country Club. If a joint application, the signature of spouse is required.*

Applicant(s) agree to keep an active Payment Option form on file. If payment option changes, applicant agrees to keep Club updated with new form. Please complete page 4, Payment Option form, at time of joining.

Member understands the first two paragraphs pertaining to resignation.

Additionally, the undersigned applicant understands, acknowledges and agrees that, excluding the 3-month, 6-month, and summer memberships noted, all other memberships are a **1-year paid dues commitment**. After the initial 12 months has passed, the membership chosen will renew annually unless otherwise agreed to with management. Undersigned also understands that the cost of membership is subject to change.

Applicant's Signature

Date

Spouse/Partner Signature

Date



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PAYMENT OPTIONS

Twin Isles offers two convenient ways to pay your monthly statement. 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. Please complete the form below and return it to the Administration office. The form may 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 charges. 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