



MEMBERSHIP APPLICATION

Individual or Family

NAME: _____

LOCAL Address: _____ City: _____ State _____

PERMANENT Address: _____ City: _____ State _____

PHONE: (Home) _____ (Cell) _____

Email: _____

Spouse/Family Member Name: _____

MEMBERSHIP BENEFITS

All memberships include: Complimentary greens fees, free range balls, clubhouse locker (limited supply), 10% food, beverage and pro shop discount, Weekly Member Night (Jan.-Apr.), advanced tee times, exclusive Walking Fee of \$10 before 2PM, FREE after 2PM, \$20 cart fee.

Membership Type	Membership Entitles	Monthly Dues	Monthly Dues Initial Selection
Annual Individual	One person use of Club Facilities	\$200	
Annual Family	One couple and all children under the age of 24	\$250	
Annual Youth	One person under age of 24	\$100	
Annual Junior	One person age 25-29	\$175	
Seasonal Individual	One person use of club facilities	\$250	
Seasonal Family	One couple and children under 24	\$300	

Seasonal billing plan for _____ months beginning _____ through _____.

BAG STORAGE & USGA Handicap Fees		
	Number of Bags	Total Cost
Annual \$100 per bag (per year)		
Seasonal \$50 per bag		
USGA Handicap \$20 pp	Number of people	
In addition to my monthly membership dues, I request and recognize that these charges selected will appear on my first bill if not paid in advance.	Initial Below	

*If applying for a FAMILY membership, please know that all members of the family must reside at one

location. Please list family members not named above.

NAME _____ RELATIONSHIP _____

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I hereby authorize Cove Cay Golf Club to bill the credit card listed below on the first of the month for the above stated fees.

I would like to establish the credit card listed below for House purchases made in the Pro Shop or Bayview Pub and Grill and recognize that these purchases will also appear on my monthly bill.

*All dues and fees stated herein are subject to the Florida State Sales Tax of 7% and will be reflected on your monthly billing statement.

Signature _____ **Date** _____

~FOR OFFICE USE ONLY~

For Office Use:

CREDIT CARD: Visa _____ Mastercard _____ AmEx _____ Expiration Date: _____

Cardholder's name: _____ Billing Address is: LOCAL _____ PERMANENT _____

Card # _____ Security Code _____

Reviewed by: _____
Signature Date

_____ Bayview _____ SGA _____ Handicap/GHIN _____ Bag Storage _____ Transnational