



**MEMBERSHIP APPLICATION**  
 Individual or Family 2019-2020

**NAME:** \_\_\_\_\_

**LOCAL Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PERMANENT Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PHONE: (Home)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email:** \_\_\_\_\_ **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, Complimentary buffet every Monday night January through May and once monthly June through December, advanced tee times, exclusive **Walking Fee Members only; \$10 before 2PM, FREE after 2PM, \$20 cart fee per member.**

Membership Type	Membership Entitles	Monthly Dues	Monthly Dues <b>Initial Selection</b>
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 _____			

<b>BAG STORAGE &amp; USGA Handicap Fees</b>		
	Number of Bags	Total Cost
Annual \$100 per bag (per year) + tax \$7.00		
Seasonal \$50 per bag + tax \$3.50		
USGA Handicap \$20 pp + tax \$1.40	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.	<b>Initial Below</b>	

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 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

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 Golf 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.

**I have received and will review the Cove Cay Golf Club Membership Policies.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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

**Office Use Only:**

Effective Date: \_\_\_\_\_ through \_\_\_\_\_

	Membership Dues	Bag Storage	GHIN	TOTALS
Fee				
Tax				
<b>Totals</b>				

\_\_\_\_\_ Billed \_\_\_\_\_

\_\_\_\_\_ Set-up Recurring \_\_\_\_\_

\_\_\_\_\_ Active in POS \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_