



Member # _____

SOCIAL MEMBERSHIP APPLICATION

NAME: _____

LOCAL Address: _____ City: _____ State _____ Zip _____

PERMANENT Address: _____ City: _____ State _____ Zip _____

PHONE: (Home) _____ (Cell) _____

Email: _____ Email: _____

SPOUSE/FAMILY MEMBER NAME: _____

MEMBER BENEFITS

- *Social Membership in the Cove Cay Golf Club provides non-golfers the opportunity to meet with friends and neighbors at the newly renovated Bayview Pub and Grill to enjoy the many "Members Only" Social events and clubhouse activities.
- *Complimentary buffet every Monday Night January through April and once monthly May through December
- *Membership provides a 10% discount on food and beverages purchased in the Clubhouse.
- *Membership allows for the establishment of a Member Account for monthly billing of dues and purchases.

MONTHLY DUES ARE \$100.00

-monthly dues will be charged to the credit card listed below by the 5th of each month
-purchases/charges made during the month will be deducted from the \$100 Dues.
-charges exceeding the \$100 Dues will automatically be added to the next month's Member Dues billing.
-there will be no credit of unused monthly dues toward the next month.

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

I request a SEASONAL Membership for the consecutive months of _____ through _____

I request an ANNUAL Membership until which time I notify Cove Cay Golf Club _____

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

APPLICANT SIGNATURE _____ DATE: _____

For Office Use:

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

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

Card # _____ **Security Code** _____

Office Use Only:

Effective Date: _____ through _____

	Membership Dues
Fee	
Total	

_____ Billed _____

_____ Set-up Recurring _____

_____ Active in POS _____

Notes: _____
