



MEMBERSHIP APPLICATION

Individual or Family

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, 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 (Activated May 1 – Oct 1 Only)	\$250	
Annual Family	One couple and all children under the age of 24 (Activated May 1 – Oct 1 Only)	\$300	
Annual Youth	One person under age of 24	\$150	
Seasonal Individual	One person use of club facilities	\$300	
Seasonal Family	One couple and children under 24	\$350	
Seasonal billing plan for _____ months beginning _____ through _____.			

BAG STORAGE & USGA Handicap Fees

	# Bags	# Carts	Total Cost
Annual \$100 per bag (per year) + tax \$7.00			
Annual \$100.00 per pull cart (per year) + tax \$7.00			
Seasonal \$50 per bag + tax \$3.50			
Seasonal \$50. Per pull cart + tax \$3.50			
USGA Handicap \$20 pp + tax \$1.40	<u>Number of people</u>		
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.	<u>Initial Below</u>		

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 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 here:

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. Dues are not prorated. First through the 15th full monthly rate – 16th through end of the month half the membership monthly rate.

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

Signature _____ Date _____

For Office Use:

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

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

ZIP OR POSTAL _____

Card # _____ Security Code _____

Reviewed by: _____
Signature Date

Office Use Only:				
Effective Date:		through		
	Membership Dues	Bag Storage	GHIN	Totals
Fee				
Tax				
Totals				
_____ Billed _____				
_____ Set-up Recurring _____				
_____ Active in POS _____				
Notes: _____				
