

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 Grill to enjoy many "Members Only" Social events and clubhouse activities.
- Complimentary buffet once a month in high season, on the 2<sup>nd</sup> Monday Night, and is subject to change from May 1 – November 1. If you bring a guest it is \$17.95 for them.
- 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. Individual

\$150.00 for Family

Note: Dues are not prorated. There is no carry over month to month.

Monthly dues will be charged to the credit card listed below by the 5<sup>th</sup> of each month.

Purchases/charges made during the month will be deducted from the \$100. Or \$150.00 Dues.

Charges exceeding the \$100 or \$150 will automatically be added to the next month's Member Dues billing.

This is a "use it or lose it" membership per month. 10% discount on all Food & Beverages.

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'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

FOR OFFICE USE ONLY:

CREDIT CARD: Visa        Mastercard        AmEx        Disc        Expiration Date:       

Cardholder's name: \_\_\_\_\_ Billing Address is: LOCAL        PERMANENT       

Card # \_\_\_\_\_ **ZIP OR POSTAL** \_\_\_\_\_

Security Code \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Signature

Date

**Office Use Only:**

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

	Membership Dues			Totals
Fee				
Tax				
Totals				

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

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

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

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