

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 2nd 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 5th 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: _____