COVE CAY
GOLF CLUB

MEMBERSHIP APPLICATION

Name: _____

Local Address: _____**City:** _____ **State:** _____ **Zip:** _____

Permanent Address: _____**City:** _____ **State:** _____ **Zip:** _____

Phone: (Home) _____ (Cell) _____

Email: _____ **Email:** _____

Spouse/Family Member Name: _____

MEMBER BENEFITS

- **All memberships include: Complimentary green fees, free range ball, clubhouse locker (limited supply), 10% food, beverage, and pro shop discounts, Monthly Member Night (Oct.-May), advanced tee times. Cart fee $23 + Tax – 18 holes, $14 + Tax for 9 holes. Walking Fee of $16:50 + Tax for 18 holes, $11.50 + Tax for 9 holes.**

Membership Type	Membership Entities	Monthly Dues	Monthly Dues Initial Selection
Seasonal Individual	One person use of Club Facilities: 4-8 months	$350.00 + Tax	
Seasonal Family	One couple and children under 24	$400.00 + Tax	
Annual Individual	One person use of Club Facilities (Activated May 1 – Sept 30 Only)	$300.00 + Tax	
Annual Family	One couple and all children under the age of 24 (Activated May 1 – Sept 30 Only)	$350.00 + Tax	
Seasonal billing plan for _____ months beginning _____through _____			

BAG & CART STORAGE FEES

	#Bags	#Carts	Total Cost
Annual $100.00 per bag (per year) + tax $7. Annual $100.00 per pull cart (per year) + tax $7			
Seasonal $50.00 per bag + tax $3.50 Seasonal $50.00 per pull cart + tax $3.50			
In additional to my monthly membership dues, I request and recognize that these charges selected will appear on my first bill if not paid in advance	Initial below	Initial below	

** All rate information is subject to change. Memberships offered are based on availability and may be closed at any time.

Applications are subject to Approval

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 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 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. First through the 15th full monthly rate – 16th through end of the month half the membership monthly rate.

I understand this application constitutes on my part to agree to all rules and regulations as specified of the Cove Cay Golf Club. Any infractions of the rules may result in revocation of membership.

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

Signature _____ Date _____

For Office Use Only:

Credit Card: [ ] Visa [ ] Mastercard [ ] AmEx [ ] Disc **Expiration Date:** _____
Cardholder's Name: _____
Billing Address: Local [ ] Permanent [ ] **ZIP or Postal Code:** _____
Card # _____ **Security Code:** _____

Reviewed by: _____ _____
Signature **Date**

Office Use Only:	**Effective Date:** _____ **through** _____			
	Membership Dues	**Bag Storage**	**Pull Cart Storage**	**Totals**
Fee				
Tax				
Totals				
Billed [ ] Set Up [ ]	**Notes:**			