

# APPLICATION FOR 2016 SUMMER MEMBERSHIP

Congratulations on your decision to become a Summer Member at The Meadows Country Club! On behalf of the staff, we look forward to providing you with an enjoyable and memorable summer season. Please complete the following Application and New Member Information Sheet. Payment may be by check, MasterCard or Visa credit card.

\_\_\_\_ I hereby authorize The Meadows Country Club to charge my credit card listed below in the amount listed below for my Summer Membership.

\_\_\_\_ I will mail or hand-deliver my check. Checks may be mailed to: The Meadows Country Club, Attn. Membership, 3101 Longmeadow, Sarasota, FL 34235

- |  |                |               |            |
|--|----------------|---------------|------------|
| <input type="checkbox"/> Golf            | \$350.00 Dues  | + \$24.50 Tax | = \$374.50 |
| <input type="checkbox"/> Tennis*         | \$250.00 Dues* | + \$17.50 Tax | = \$267.50 |
| <input type="checkbox"/> Social/Pool     | \$150.00 Dues  | + \$10.50 Tax | = \$160.50 |
| <input type="checkbox"/> Fitness Center* | \$70.00        | + \$ 4.90 Tax | = \$74.90  |

\* Fitness privileges are included in the Summer Golf Membership at no additional charge. Fitness may be added on to the Summer Tennis and Summer Social Memberships at an additional cost.

SUMMER MEMBERSHIP IS FOR THE PERIOD JULY 15 THROUGH OCTOBER 31. ALL SUMMER MEMBERSHIPS EXPIRE ON OCTOBER 31 AND MAY NOT BE TERMINATED EARLY EXCEPT BY A VOTE OF THE BOARD OF GOVERNORS. ALL SUMMER MEMBERSHIPS ARE SUBJECT TO A \$22 MONTHLY SERVICE CHARGE AND \$150 FOOD AND BEVERAGE REQUIREMENT FOR THE ENTIRE TERM OF THEIR MEMBERSHIP. FEES ARE NOT REFUNDABLE OR PRORATABLY. CREDIT CARD REQUIRED TO BE KEPT ON RECORD FOR MONTHLY STATEMENTS OR \$500 DEPOSIT REQUIRED.

I understand this application will be considered and accepted in accordance with Club policy and approval shall be at the Club's sole and absolute discretion. Further, I agree that I will be bound by the Rules and Regulations of the Club, as they may be amended from time to time.

Name of Applicant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Spouse/Sig. Other/Other Adult \_\_\_\_\_ Date of Birth \_\_\_\_\_

Circle one – must reside in same household

Children (Only eligible if 21 and under, or up to age 25 for full time students, unmarried & living at home)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

MasterCard/Visa # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print Name as it appears on card \_\_\_\_\_

\_\_\_\_ I wish to have The Meadows Country Club bill the credit card listed above for my monthly statements.

By my signature, I attest that all people listed on this membership reside in the same household.

Applicant's Signature \_\_\_\_\_

Spouse/Sig. Other/Other's Signature \_\_\_\_\_

FOR CLUB USE: Date Received: \_\_\_\_\_ Membership Director \_\_\_\_\_  
Category \_\_\_\_\_ Club # \_\_\_\_\_