

APPLICATION FOR 2018 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

 I am a Meadows Resident.

<input type="checkbox"/> Golf	\$495.00 Dues	+ \$34.65 Tax	= \$529.65
<input type="checkbox"/> Tennis	\$395.00 Dues	+ \$27.65 Tax	= \$422.65
<input type="checkbox"/> Social/Pool	\$295.00 Dues	+ \$20.65 Tax	= \$315.65

SUMMER MEMBERSHIP IS FOR THE PERIOD MAY 1 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 \$250 FOOD & BEVERAGE MINIMUM AND A \$22 PER MONTH SERVICE CHARGE FOR THE ENTIRE TERM OF THEIR MEMBERSHIP. MEMBERSHIP FEES ARE NOT REFUNDABLE OR PRO-RATABLE AND SUMMER MEMBERSHIPS ARE NOT TRANSFERRABLE. 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 Address _____ City/State/Zip _____

Telephone _____ (Day) _____ (Evening)

Email Address(es): _____

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 # _____