



Emerald Coast Golf Trail
8891 Burning Tree Road Pensacola, FL
tel (850) 476-0380

DATE: _____

APPLICATION FOR MEMBERSHIP

I (we) hereby apply for membership in the Emerald Coast Golf Trail ("The Trail") and the rights, privileges and benefits therein as listed in the Emerald Coast Golf Trail By-Laws and Regulations. I (we) understand and agree to conform and to be bound by the Bylaws, Rules and Regulations of THE TRAIL and THE HOME CLUB that may be amended from time to time without notice and which may or may not be in writing.

The home club you have chosen is: _____ ("The Home Club")

Primary Applicant's Name _____

Home Address _____

Telephone _____ Email _____

MEMBERSHIP APPLIED FOR:

Golf Single _____ Golf Family _____ Military Single _____ Military Family _____

Corporate _____ Social _____ EC Single _____ EC Family _____ Cart Plan _____

Primary Applicant Printed/Birthday

Spouse (If Applicable) Printed/Birthday

Other Party To Applicant/Birthday

Other Party To Applicant/Birthday

Other Party To Applicant/Birthday

Other Party To Applicant/Birthday

INITIATION FEE AMOUNT: _____ **Plus** _____ **State Sales Tax =** _____



MEMBERSHIP TERMS AND CONDITION

RIGHT TO USE

I (we) understand that membership in THE HOME CLUB is a non-refundable, non-transferable right to use one.

NO ASSESSMENTS

I (we) understand that as a matter of contract with THE HOME CLUB this membership is non-assessable and that I (we) assume no liabilities whatsoever in connection with THE HOME CLUB and/or this membership other than the Initiation Fee amount above and the applicable membership dues and charges incurred by me (us), my (our) family and guests in the use of THE HOME CLUB. Further, any membership does not confer or imply any ownership of THE HOME CLUB's property or assets.

RESIGNATION

If application is disapproved by THE HOME CLUB, all funds deposited herewith shall be immediately refunded. After the passing of three business days following the receipt of the Initiation Fee by THE HOME CLUB, membership has commenced fully (COMMENCEMENT PERIOD). A member may only resign after the COMMENCEMENT PERIOD by giving thirty (30) days advance written notice to THE HOME CLUB and by paying any or all dues and or charges that I (we) are liable.

PAYMENT OF ACCOUNT OWED

Payment of account is due upon receipt of the monthly statement. I (we) agree to pay the account when due and guarantee that THE HOME CLUB may assess late charges on past due accounts. A past due account is defined as one that has not been paid by the 15th of the month in which statement was sent. A delinquent account is one that has not been paid by the last day of the month in which statement was sent. I (we) agree and will sign a separate agreement to the effect that my (our) account may be charged to the credit card I (we) have put on file with THE HOME CLUB. Payment on delinquent accounts applies first to the last charges. Initiation fees, dues and other club charges are considered luxuries under applicable law and are subject to sales tax in the State of Florida. I (we) agree to pay all reasonable attorney's fees and costs in the event my (our) account is turned over to collections by THE HOME CLUB.

GENERAL RELEASE

Upon the signing of this agreement I (we) authorize the disclosure and release of information including all credit information to THE HOME CLUB, its agents, its representatives and or its assigns.

ACCEPTED THIS DAY _____, Year 20__

Primary Applicant

Spouse (If Applicable)

For The Home Club Of The Emerald Coast Golf Trail

PERSONAL INFORMATION

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

SPOUSE NAME: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE: _____ FAX: _____

EMAIL: _____

OTHER PARTY(IES) TO APPLICANT

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

NAME: _____ DATE OF BIRTH: _____

BUSINESS AFFILIATION

EMPLOYER: _____ TITLE: _____

EMPLOYER ADDRESS: _____

CITY/STATE/ZIP CODE: _____

WORK PHONE: _____ WORK FAX: _____

OTHER PROFILE INFORMATION

WEDDING ANNIVERSARY _____ **INTERESTS:** GOLF LEAGUES _____

GOLF TOURNAMENTS _____ TRAVEL _____ DANCING _____

WINE TASTING _____ THEATRE _____ GOURMET FOODS _____

WALKING _____ JOGGING _____ CHARITY ACTIVITIES _____ EXERCISE/FITNESS _____

OTHER _____

CREDIT CARD AUTHORIZATION

I (we) hereby authorize THE HOME CLUB to charge the current and active credit card listed below for the actual charges, dues and other incidentals billed knowingly to my account should said charges become DELINQUENT. I (we) acknowledge that any account, when 45 days past due is delinquent. I (we) understand that my credit card will only be charged if my account reaches delinquency and that late charge may be added as prescribed in THE HOME CLUB rules. I (we) acknowledge that the below credit card number is a valid and active number and that if it becomes invalid or restricted in any way that I must update this in my membership file. I further understand that failure to do so could result in suspension of my (our) membership privileges.

Date: _____ Member Name: _____ Member #: _____

Name On Credit Card: _____ Credit Card Type: _____

Card Number: _____ Expiration Date: _____

ACCEPTED THIS DAY _____, Year 20__

Primary Applicant

Spouse (If Applicable)

For The Home Club Of The Emerald Coast Golf Trail