



APPLICATION FOR 2020 SUMMER MEMBERSHIP

Congratulations on your decision to become a Summer Member at The Club at Eaglebrooke! 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.

 I hereby authorize The Club at Eaglebrooke 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 Club at Eaglebrooke, Attn. Membership, 1300 Eaglebrooke Blvd, Lakeland, FL 33813.

- | | | | |
|---|-----------------|---------------|--|
| <input type="checkbox"/> Annual Summer | \$395.00 Dues | + \$27.65 Tax | = \$422.65 (One Time) |
| <input type="checkbox"/> Monthly Summer | \$79.00 Dues | + \$5.53 Tax | = \$84.53 per month (Total of \$422.65 Dues + Tax) |
| <input type="checkbox"/> Additional Key Fob | \$10 (optional) | | |

SUMMER MEMBERSHIP REQUIREMENTS

1. SUMMER MEMBERSHIP IS FOR THE PERIOD MAY 1 THROUGH SEPTEMBER 30. Members that sign up by 4/15/20 will have an extension of ONE MONTH at no additional charge.
2. ALL SUMMER MEMBERSHIPS EXPIRE ON SEPTEMBER 30 (unless signup requirement met) AND **MAY NOT BE TERMINATED EARLY.**
3. ALL SUMMER MEMBERSHIPS ARE SUBJECT TO A \$150 FOOD MINIMUM THAT MUST BE MET BY THE END OF THEIR MEMBERSHIP. *Food Minimum does not include prepackaged food items, Alcoholic or Non-Alcoholic Beverages, &/ or Outing & Banquet Sales.*
4. MEMBERSHIP FEES ARE NOT REFUNDABLE OR PRO-RATABLE AND SUMMER MEMBERSHIPS ARE NOT TRANSFERRABLE.
5. CREDIT CARD REQUIRED TO BE KEPT ON RECORD FOR MONTHLY STATEMENTS OR \$500 DEPOSIT REQUIRED.
6. ACCOUNT CHARGING PRIVILEGES WILL BE CAPPED AT \$300. Once this maximum has been met, charging privileges will be suspended. Payment can be made anytime via online billing portal, or in the pro-shop to reactivate charging

By initialing here, you are agreeing to the above requirements of this membership. _____

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 _____

Social Security Number _____

Street Address _____ City/State/Zip _____

Telephone _____ (Day) _____ (Evening)



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Email Address(es): _____

Occupation: _____ Employer _____

Credit Card # _____ Expiration Date _____

Print Name as it appears on card _____

____ I wish to have The Club at Eaglebrooke 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 # _____