

Summer Membership Application

Date:			Name:	
	Р	lease indicate Me	embership Category for Su	mmer Season:
	Summer Soci	al and Tennis 🛘	Summer Golf Single 🏻	Summer Golf Family □
Start Date:Initiation Fee		Fee:	Monthly Dues:	
	Please note that al	l Summer Golf Me	mberships have a \$50 Man	datory Seasonal Golf Range Fee.
New	☐ Renewal ☐ If	renewal, please in	dicate previously assigned	Membership #:
	Plo	ease indicate add	itional benefits added to th	ne membership:
Kids	Camp □ Kids Gol	f Camp □ Kids	Tennis Camp Tampa	Bay Community □ Fitness Room □
Pleas	e fill out the informa	tion below. Indica	te preferred mailing addre	ess by checking the appropriate field ()
()	Primary Address	Street/Apt #: _	SP	
		City/State:	PC	Zip:
		Telephone:	C	
		Email:		
()	Business Address	Company/ Firn	n: AKEWOOD	
			OF WO	
		City/State:	+	Zip:
		Telephone:	1/7/11/	
()				
Date of Birth:			Driver's License #:	
Social Security #:			Marital Status: Sin	gle 🛘 Married 🗖
Spouse's Name:			Date of Birth:	
Spouse's E-Mail:			Spouse's Phone #:	

Dependent Children: 1)	2)	3)	_
Birthdate: 1)	2)	3)	_
Payn	nent Authorizat	ion & Terms	
	TERMS OF AGREEM	<u>IENT</u>	
season. Upon your signature, m	nemberships may not be re	te and expires October 31 st of the curesigned any earlier than this expirationer must be paid in full. <i>There are no</i>	
Applicant's Signature:			
Spouse's Signature:			
Date Submitted:			
ALL MEMBERS A	RE REQUIRED TO HAVE A	VALID CREDIT CARD ON FILE	
I HEREBY AUTHORIZE ST. PETER IF MY CLUB ACCOUNT IS NOT PA		CHARGE MY CREDIT CARD ACCOUNT NTH.	
Type of Card:	Card Nur	nber:	_
Expiration Date:	Signature:		_
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