



Summer Membership Application

Date: _____ Name: _____

Please indicate Membership Category for Summer Season:

Summer Social and Tennis

Summer Golf Single

Summer Golf Family

Start Date: _____ Initiation Fee: _____ Monthly Dues: _____

Please note that all Summer Golf Memberships have a one-time \$50 Seasonal Golf Range Fee.

New Renewal If renewal, please indicate previously assigned Membership #: _____

Please indicate additional benefits added to the membership (separate charge):

Kids Camp Kids Golf Camp Kids Tennis Camp Tampa Bay Community Fitness Room

Please fill out the information below. Indicate preferred mailing address by checking the appropriate field ():

() Primary Address Street/Apt #: _____

City/State: _____ Zip: _____

Telephone: _____

Email: _____

() Business Address Company/ Firm: _____

Street: _____

City/State: _____ Zip: _____

Telephone: _____

Primary Applicant Info:

Date of Birth: _____ Driver's License #: _____

Social Security #: _____ Marital Status: Single Married

Spouse's Name: _____ Date of Birth: _____

Spouse's E-Mail: _____ Spouse's Phone #: _____

Dependent Children: 1) _____ 2) _____ 3) _____

Birthdate: 1) _____ 2) _____ 3) _____

Dependents Categorized as children 25 and Under Living at Home

Payment Authorization & Terms

TERMS OF AGREEMENT

This contractual agreement begins on your given start date and expires October 31st of the current season. Upon your signature, memberships may not be resigned any earlier than this expiration date and payment on all dues and charges through October must be paid in full. *There are no exceptions.*

Applicant's Signature: _____

Spouse's Signature: _____

Date Submitted: _____

ALL MEMBERS ARE REQUIRED TO HAVE A VALID CREDIT CARD ON FILE

I HEREBY AUTHORIZE ST. PETERSBURG COUNTRY CLUB TO CHARGE MY CREDIT CARD ACCOUNT IF MY CLUB ACCOUNT IS NOT PAID BY THE 10TH OF THE MONTH.

Type of Card: _____ Card Number: _____

Expiration Date: _____ Signature: _____