

ADARA GOLF CLUB GOLF MEMBERSHIP APPLICATION

APPLICANT _____ B'DAY _____ DL# _____ EMAIL _____

SPOUSE _____ B'DAY _____ DL# _____ EMAIL _____

CHILD _____ B'DAY _____ DL# _____ EMAIL _____

CHILD _____ B'DAY _____ DL# _____ EMAIL _____

CHILD _____ B'DAY _____ DL# _____ EMAIL _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE () _____ BUSINESS PHONE () _____ CELL () _____

MEMBERSHIP TYPE	INITIATION FEE	MONTHLY DUES
{ } SINGLE	\$ 1,500	\$ 120
{ } FAMILY	\$ 2,000	\$ 170.
{ } CORP	\$ 4,000.	TYPE BASED
{ } JUNIOR	\$400	\$ 12.

AMOUNT DUE	
INITIATION FEE	\$ _____
MONTHLY DUES	\$ _____
SALES TAX _____ %	\$ _____
TOTAL	\$ _____

ABOVE RATES SUBJECT TO SALES TAX AND EFFECTIVE AUGUST 1, 2006. RATES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

NO STATEMENT WILL BE SENT. GOLF DUES ARE PAYABLE ON THE 1ST OF THE MONTH. A LATE FEE WILL BE CHARGED WHEN DUES ARE NOT RECEIVED BY THE 5TH OF THE MONTH. THE LATE FEE IS \$15 PER MONTH AND SUBJECT TO CHANGE WITHOUT PRIOR NOTICE.

I/WE UNDERSTAND THAT THE GOLF MEMBERSHIP ENTITLES ME/US TO GOLF PLAY PRIVILEGES ONLY. IT DOES NOT INCLUDE OTHER CLUB FACILITIES LIKE THE POOL, FITNESS, SAUNA AND TENNIS AMENITIES.

I/WE HAVE RECEIVED AND READ A COPY OF THE RULES AND REGULATIONS OF ADARA GOLF CLUB. I/WE AGREE TO ALL THE TERMS AND CONDITIONS OF THIS MEMBERSHIP APPLICATION AND AGREE TO ABIDE BY ALL CURRENT POLICIES, RULES AND REGULATIONS OF THE ADARA GOLF CLUB.

I/WE HEREBY WAIVE MY/OUR RIGHTS, PRESENT OF FUTURE, TO ANY POSSIBLE CLAIM (S) OR DAMAGES (S) IN CONNECITON WITH ANY FORM OF INJURY (IES) TO ME/US, OUR CHILD (REN) AND/OR OUR GUEST (S) DUE TO ANY UNFORESEEN INCIDENT (S) THAT MAY OCCUR WITH THE USE OF THE CLUB FACILITIES AT ADARA GOLF CLUB.

I/WE UNDERSTAND THAT ADARA GOLF CLUB RESERVES THE RIGHT TO ACCEPT OR DENY AN APPLICATION. MEMBERSHIP IS APPROVED WHEN THE TOTAL AMOUNT DUE IS PAID AND A MEMBERSHIP CARD IS ISSUED. MONIES PAID WITH AN APPLICATION SHALL BE RETURNED WHEN ANY APPLICATION IS NOT ACCEPTED.

APPLICANT'S SIGNATURE _____ SPOUSE'S SIGNATURE _____ DATE _____

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