

Carambola Social Club / 2016 Membership Application

Name: _____ DOB ___/___/___ Spouse: _____ DOB ___/___/___

Children's Names: _____ DOB ___/___/___ Name: _____ DOB ___/___/___

E-mail address: _____ Spouse's E-mail: _____

Local Address: _____ Off-Island Address: _____

Phones H: _____ W: _____ C: _____

Membership includes: Full usage of tennis courts, Croquet court, and bocce ball court, horse shoes, pool and Club charging privileges.

ANNUAL MEMBERSHIPS:

Individual Membership:

Regular: \$275 Paid in full \$76 Paid Quarterly \$32 -10 monthly payments \$500 with range pass

Family Membership: (includes spouses, unmarried children under 18 years of age, & 21 if in school)

Regular: \$425 Paid in full \$110 Paid Quarterly \$46 -10 monthly payments \$700 with range pass

Range Pass Yearly: \$275 Paid in full **Family range pass** \$500 paid in full

ALTERNATE MEMBERSHIPS:

Seasonal Membership: \$180 Individual \$260 Family (good for any 4 consecutive months)

Monthly Membership: \$55 Individual \$80 Family

10% Discount on all membership types for SENIORS (65 or older)
1 free Guest per day. \$5 per any number of guest over

Total Membership Fees \$ _____

Terms-Read carefully before signing

Fees & Payment: All membership contracts with Carambola Golf Club, LLC (CGC) include use of the pool, Croquet lawn and Clubhouse/Pro Shop charging privileges. I understand that I am executing a contract and that CGC has the right to execute its' rights under the terms and conditions of this contract. I understand that I am obligated to make all monthly or quarterly payments through the term of the contract period. I hereby authorize Carambola Golf Club to charge my credit card (listed below) for all charges made and NOT reconciled by me promptly within 10 days of the beginning of each month. Dues will be assessed monthly or quarterly regardless of whether I utilize the club facilities. I am also authorizing Carambola Golf Club to charge my credit card for all charges incurred at the Club if my account is more than 30 days in arrears, including all applicable late fees. I acknowledge that I (we), at the discretion of CGC, forfeit all privileges relative to this agreement should my account become delinquent for 90 days. _____ **Initials**

Code of Conduct: CGC reserves the right to terminate any membership or bar access to any member who, in CGC's sole discretion, conducts his or herself in a manner detrimental to the best interest of CGC, its members, guests, or employees. I do hereby agree to abide by all the rules, regulations, both written and implied, of CGC. _____ **Initials**

CREDIT CARD INFORMATION – MANDATORY for Installment plans and/or Charging Privileges

Credit Card Type: **MasterCard VISA AMEX** Acct#: _____ Exp Date: ___/___/_____

Authorized Signature: _____ **Date:** _____