



The Club at Hidden Creek Golf Membership Application

List all persons that will be covered by your Golf Membership:
Family consists of primary, spouse, all unmarried dependents 21 years of age and under.

Primary: _____ **DOB:** ___/___/___ **M or F**

Spouse: _____ **DOB:** ___/___/___ **M or F**

Child: _____ **DOB:** ___/___/___ **M or F**

Child: _____ **DOB:** ___/___/___ **M or F**

Child: _____ **DOB:** ___/___/___ **M or F**

Child: _____ **DOB:** ___/___/___ **M or F**

I (we) the undersigned, are applying for a Golf Membership to The Club at Hidden Creek in Navarre, FL and acknowledge receiving a copy of and reading The Club at Hidden Creek's By-Laws Rules and Regulations dated June 1, 2021, and agree to abide by them. I (we) understand that my Golf Membership does not begin until this application is approved by The Club at Hidden Creek.

Signatures:

Primary: _____ **Spouse:** _____

Print Name: _____ **Print Name:** _____

Date: _____ **Date:** _____

Office Use Only Below This Line

Total Paid w/ Application \$ _____ **Payment Type:** _____

Application Approved By: _____ **on Date:** _____