



The Club at Hidden Creek Membership Application

Name of Primary Applicant: _____ Today's Date: _____

Home Address: _____
Street (No PO Boxes) City, State, Zip

Email: _____ Phone: _____

Select Your Membership Type (Circle Your Selection):

	Single Dues		Family Dues	
	Annual	Monthly	Annual	Monthly
Standard	\$2,100	\$175	\$2,628	\$219
Active Military	\$1,428	\$119	\$1,908	\$159
Student	\$1,080	\$89	N/A	N/A

All memberships are a minimum 1 year commitment and require a \$50 one-time admin fee with application. Prices do not include sales tax

Select Your Cart Plan (Circle Your Selection):

	Single	Family
Monthly Cart Plan	\$160	\$195
Monthly Trail Plan	\$136	\$163
	No Plan	

Cart plans are monthly. You may change your plan before the 1st of any month

Pay as you play Cart Fees per person: 9-Hole \$10.00/18-Hole \$20.00 including tax

Total Due with this Application

$$\begin{array}{ccccccc}
 \$ & \underline{\hspace{2cm}} & + & \$ & \underline{\hspace{2cm}} & + & \$50 \text{ Admin Fee} & + & \$ & \underline{\hspace{2cm}} & = & \$ & \underline{\hspace{2cm}} \\
 \text{Membership Dues} & & & \text{Prorated Cart Plan} & & & & & \text{7.018\% Sales Tax} & & & \text{Total Due with Application}
 \end{array}$$



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List all persons that will be covered by your Membership:

Family memberships consist of a primary member, their spouse, and all dependent children under the age of 18, or 25 if they are full-time students.

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

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

Child: _____ DOB: ___ / ___ / _____ M or F FT Student? Y or N

Child: _____ DOB: ___ / ___ / _____ M or F FT Student? Y or N

Child: _____ DOB: ___ / ___ / _____ M or F FT Student? Y or N

Child: _____ DOB: ___ / ___ / _____ M or F FT Student? Y or N

Child: _____ DOB: ___ / ___ / _____ M or F FT Student? Y or N

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

Signature of Primary Applicant

Spouse (If Applicable)

Printed Name

Printed Name

Today’s Date

Today’s Date

Office Use Only Below This Line

Total Paid with Application: \$ _____ Payment Type: _____

Application Approved By: _____ on Date: _____