

Name:	Date:	
Address:	(No PO Box)	
Email:	Phone:	

## Golf Membership (Circle Your Selection)

	Single		Family	
	Annual	Monthly	Annual	Monthly
6-month	\$2700*	\$450	NA	NA
Standard	\$3900*	\$325	\$5160*	\$430
Active Military/				
1st Responders	\$3480*	\$290	\$4680*	\$390
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\*5% Discount if paid in full with cash or check. Prices do not include sales tax. All Golf Memberships require 6 month or 1 year commitment and \$249 initiation fee (non-refundable)

## Cart Plan (Circle Your Selection) or No Plan

Monthly Cart Plan	Single \$125	Family \$150
Monthly Trail Plan	\$100	\$125
<pre>\$ + \$249 Initiation Fee Golf membership</pre>	e + \$ = \$ 7% Sales Tax	Total Due with 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

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:		