



*Non-Resident
Membership Application*

11655 Quail Village Way • Naples, Florida 34119 • 239-598-2815
www.quailvillagegolfclub.org

Type of Membership Desired *Intermediate Memberships are for those under the age of 63.

Check One:

Membership Category	Annual Dues	-25% Discount
<input type="checkbox"/> Non-Resident - Individual	\$4,350.00	\$3,262.50
<input type="checkbox"/> Non-Resident - Family	\$4,850.00	\$3,637.50
<input type="checkbox"/> Non-Resident - Intermediate Individual*	\$2,359.50	\$1,769.63
<input type="checkbox"/> Non-Resident - Intermediate Family*	\$2,650.00	\$1,987.50

New members who join today as part of this initiative will receive 25% off of this year's dues, which ends on September 30, 2019. They will receive 25% off of next year's dues, which begin on October 1, 2019 and continue through September 30, 2020. They will also receive 25% off of the following year's dues, which begin on October 1, 2020 and continue through September 30, 2021. They will pay full dues beginning on October 1, 2021 and those dues will continue through September 30, 2022.

Non-Resident Members receive full access to golf course, club and all its amenities. Non-Resident dues are paid in full at time of joining along with the annual Clubhouse Dues of \$628.68.

Bag Storage \$100/year per bag (1)___ (2)___ Locker \$75/year per locker (1)___ (2)___

Personal Information

Name _____

Primary Address _____
Street City State Zip Code

Alternate Address _____
Street City State Zip Code

Length of Time at Primary Address _____ E-mail Address _____

Home Telephone Number _____ Cell Phone Number _____

Date of Birth _____ Have a Facebook Page? Yes No

Single Married Divorced Widowed If Married please fill out spouse information below.

Spouse's Name _____

Wedding Anniversary Date _____ E-mail Address _____

Home Telephone Number _____ Cell Phone Number _____

Date of Birth _____ Have a Facebook Page? Yes No

Business Information

Applicant's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-mail Address _____

Spouse's Occupation and/or Nature of Business or Profession _____ Retired

Name of Company _____ Title _____

Business Address _____
Street City State Zip Code

Business Telephone Number _____ Business Fax Number _____

Years in Present Employment _____ E-mail Address _____

Reference Information

Please list membership in other Clubs, fraternities or organizations and positions held:

I am acquainted with the following Quail Village Golf Club Members:

Sponsor _____ for _____ years.

Name _____ for _____ years.

Name _____ for _____ years.

Statement & Newsletter Preference

E-mailed Newsletters Home E-mail Business E-mail

E-Mailed Statements Home E-mail Business E-mail

I prefer to receive my general mail at: Home Business

Golfing Information: JHIN # (Handicap) _____ Spouse JHIN # (Handicap) _____

Bank Account Information

Would you like to participate in Autopay? Yes No

Bank Name _____

Account Number# _____

Routing Number# _____

Authorization and Agreement

By signing this Membership Application for Quail Village Golf Club, I hereby authorize Quail Village Golf Club, through its representatives, to make inquiry of my financial condition, our family and professional background and specifically authorize them to make inquiry of consumer credit reporting organizations.

The undersigned does hereby acknowledge, accept and understand that I have truthfully and to the best of my ability answered all application questions. If my Membership Application is granted, I agree to observe and be bound by the Membership Plan and Rules and Regulations of Quail Village Golf Club in the present form or as may be amended, beginning with the effective date of membership referenced below, until September 30, 2022. I understand that this agreement shall automatically renew at the end of the current term for a successive 36 month period, unless either party gives written notice of its intention not to renew at least 30 days prior to the expiration and that all subsequent membership renewals will be subject to the prevailing dues and fee schedules at time of renewal. I understand that if I decide to cease being a member at any time prior to September 30, 2022, my eligibility for the discounted rate will be deemed void and I will be responsible upon leaving to immediately paying the Club the difference between the 25% discounted rate I paid and the regular annual dues for all years I was a non-resident member before my departure. Exceptions will be made for those relocating more than 50 miles from the club.

I acknowledge, accept and understand that I am personally liable and responsible for all financial obligations relating to my membership and any of my family members who will be utilizing Quail Village Golf Club. I further agree that I will pay any unpaid balance of any fees, dues or charges for which I or my family may be responsible. These fees or dues may include but are not limited to; monthly dues, finance charges, late fees, and food minimums. In the event that any charges, fees, and/or dues to my account are past due, my account will be deemed to be delinquent. An account is deemed delinquent when the balance has been past due for more than thirty (30) days after the date of the statement. In the event my account becomes delinquent, I authorize the Club to charge my credit card for all fees, dues and charges greater than sixty (60) days past due. Should my account be referred to an attorney for collection, then I agree to be responsible for all costs of collection, including an attorney's fee of 33 1/3% of the balance then due and owing at the time of referral.

I further declare that the above information which I have supplied on this application is true and correct, and acknowledge that any misrepresentation thereof will be grounds for rejection of my application or dismissal from membership in the club.

Name of Applicant (Print) _____ Date _____

Signature of Applicant _____ Date _____

Driver's License Number _____



OFFICE USE ONLY

Date Received by Club _____ 20_____ .

Effective Date of Membership _____ .

New Membership Number _____ .