



*Resident Equity  
Membership Application*

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11655 Quail Village Way • Naples, Florida 34119 • 239-598-2815  
[www.quailvillagegolfclub.org](http://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"/> Resident Equity - Individual	\$4,350.00	\$3,262.50
<input type="checkbox"/> Resident Equity - Family	\$4,850.00	\$3,637.50
<input type="checkbox"/> Resident Equity - Intermediate Individual*	\$2,359.50	\$1,769.63
<input type="checkbox"/> Resident Equity - 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.

**Resident Equity Members** receive full access to golf course, club and all its amenities.

Equity members also enjoy the convenience of monthly dues and the privilege to choose an Annual Trail Fee or Cart Lease.

Annual Trail Fee - \$1,425.00

Annual Cart Fee - \$1,825.00

Bag Storage \$100/year per bag (1)\_\_\_ (2)\_\_\_

Locker \$75/year per locker (1)\_\_\_ (2)\_\_\_

**Note:** The annual Clubhouse Dues of \$628.68 per year will be billed additionally in monthly increments.

**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. Failure to stay for the full three-year term disqualifies the member from eligibility for the discount and any discount received must be repaid. Exceptions will be made for those relocating more than 50 miles from the club.

Resident Resignation Policy: Resident Golf Club Member(s) resigning from the club must do so in writing and shall be subject to six months of annual dues. Unused trail fees or prepaid cart fees shall be pro-rated and refunded after the six-month period has passed. In case of death (a) membership will be terminated if individual membership, (b) membership will be adjusted from family to individual.

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 \_\_\_\_\_ .