



Auto Pay Option _____

Credit Card # _____ Exp Date _____

Signature _____ Membership Account# _____

MEMBERSHIP APPLICATION

____ Full Golf

____ Innisbrook Owner Lodge # _____ Apt # _____ Rental Pool Participant
____ Highlands Owner Lot # _____
____ Non-Owner

____ Resort Golf ____ Executive Golf ____ Social ____ Tennis

I hereby complete this application for the above referenced membership at the Innisbrook Resort and Golf Club herein referred to as "The Club" and do agree to pay the sum of \$ _____ as an initiation fee or as annual fee for Social and Tennis memberships. The one-time initiation fee or first year (calendar based) annual fee are payable with application and subject to all applicable sales tax. *Membership shall continue until written cancellation is received by The Club pursuant to the terms herein.*

I authorize The Club, to bill my credit card in the amount of

Amount \$ _____ Signature _____

Type of Credit Card _____ Card # _____ Expiration Date _____

APPLICANT INFORMATION *(please print)*

Primary _____ Date of Birth _____

Social Security # _____ Drivers License # _____

Home/Billing Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____ Fax _____

Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

SPOUSE INFORMATION (PLEASE PRINT)

Full Name _____ Date of Birth _____

Social Security # _____ Drivers License # _____

Home/Billing Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____ Fax _____

Employer _____ Work Phone _____

Business Address _____ City _____ State _____ Zip _____

DEPENDENT INFORMATION *(please print)*

Full Name

Date of Birth

Referred by: _____

VEHICLE INFORMATION (please print)

Vehicle 1 Year _____ Make _____ Model _____ Color _____ State _____ Lic Plate# _____
Vehicle 2 Year _____ Make _____ Model _____ Color _____ State _____ Lic Plate# _____
Vehicle 3 Year _____ Make _____ Model _____ Color _____ State _____ Lic Plate# _____

CREDIT CARD & BANK REFERENCES (please print)

Credit Card #1 Type _____ Account # _____ Exp. Date _____
Credit Card #2 Type _____ Account # _____ Exp. Date _____
Primary Bank Name _____ Account # _____
Bank Address _____ City _____ State _____ Zip _____

Upon signing this application, I hereby grant permission to The Club to verify my credit status. I also grant permission to charge my credit card for any charges to my membership account that are more than 30 days past due. If accepted for membership, I agree to be bound and abide by The Club's Code of Regulations of which I understand is subject to change by the Board of Governors; and I hereby acknowledge receipt of a copy of the present Code of Regulations. Membership in The Club is not transferable, except as provided in the Code of Regulations.

I acknowledge that I have been advised with respect to the following facts:

- 1. The privileges and related dues of the class of membership for which this application is made and the limitations of those privileges.
2. The Board of Governors reserves the right to amend the Code of Regulations from time to time and determine dues levels and fees on an annual basis.
3. The Board of Governors (or any committee designated by the Board) retains the right to discipline or suspend members of the Club for any conduct deemed by the Board of Governors to warrant such action.
4. If my application is accepted, the initiation fee or recurring annual fee (calendar based) is non-refundable.
5. Membership dues and other expenditures are due and payable within 30 days of billing date. A late payment charge may be assessed on all account balances, which are delinquent. Late payment charges use a monthly periodic rate of 1.5% based on the previous balance less payments and credits. The Annual Percentage Rate (APR) is 18%. Upon approval by The Club, this application and its terms shall constitute a binding contract. In the event that collection is necessary, the member shall be responsible for all collection-related fees including but not limited to, attorney's fees and court costs of The Club, and venue shall be in Pinellas County, Florida.
6. If initiation fee is applicable, I agree to pay any initiation fee as detailed below.
7. Membership Cancellation- Cancellation of Membership releases all rights, interests and privileges in The Club and is outlined within the Code of Regulations. Cancellation requires submitting written notification to either the Innisbrook Membership office, emailing membership@playinnisbrook.com or by fax to 727-942-5203. Once written notification is received, membership will be cancelled at the end of the notification month. Member is financially responsible for dues, fees and any other charges incurred on account. Cancellation Policy acknowledgement _____ (initials).

Table with 4 columns and 1 row. The first column contains the text 'Initiation Fee:'. The other three columns are empty.

IN WITNESS WHEREOF, the applicant has executed this application as of the _____ day of _____ 20__

(Signature of Applicant)

(Signature of Spouse)

Approved this _____ day of _____ 20 ____

Effective Date _____

By _____

Chairman, Board of Governors
Salamander Innisbrook, LLC | DBA Innisbrook Resort and Golf Club
36750 Highway 19 North | Innisbrook, Fl 34684
Tel 727.942.5275 | Fax 727.942.5203