



## MEMBERSHIP APPLICATION

\_\_\_\_\_ Full Golf      \_\_\_\_\_ Innisbrook Owner Lodge # \_\_\_\_\_ Apt # \_\_\_\_\_      \_\_\_\_\_ Rental Pool Participant  
 \_\_\_\_\_ Highlands Owner Lot # \_\_\_\_\_      \_\_\_\_\_ Closing Date  
 \_\_\_\_\_ Promontory Owner Lot # \_\_\_\_\_      \_\_\_\_\_ Closing Date  
 \_\_\_\_\_ Resort Golf      \_\_\_\_\_ Executive Golf      \_\_\_\_\_ Social      \_\_\_\_\_ Tennis      \_\_\_\_\_ Single Tennis  
                                  \_\_\_\_\_ Young Executive      \_\_\_\_\_ Legacy

I hereby complete this application for the above referenced Membership at Innisbrook Resort and Golf Club herein referred to as "The Club" and do agree to pay the sum of \$ \_\_\_\_\_ as a onetime fee for golfing Memberships, or the first annual fee for Social, Tennis and Single Tennis, each payable with application and subject to all applicable sales tax. Social, Tennis and Single Tennis Memberships have a commitment of 12 full calendar months for the first year and will automatically continue with monthly dues and with subsequent annual fees, billed in advance, each year prior to the anniversary date. Acknowledgement \_\_\_\_\_ (initials).

All Membership types 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 \_\_\_\_\_      Cell \_\_\_\_\_  
 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 \_\_\_\_\_      Cell \_\_\_\_\_  
 Employer \_\_\_\_\_      Work Phone \_\_\_\_\_  
 Business Address \_\_\_\_\_      City \_\_\_\_\_      State \_\_\_\_\_      Zip \_\_\_\_\_

### DEPENDENT INFORMATION (please print)

Full Name \_\_\_\_\_      Date of Birth \_\_\_\_\_  
 Full Name \_\_\_\_\_      Date of Birth \_\_\_\_\_  
 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@innisbrookresort.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).

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



THE CLUB AT  
**INNISBROOK**<sup>®</sup>  
A SALAMANDER<sup>®</sup> RESORT

Membership # \_\_\_\_\_

Effective Date: \_\_\_\_\_

### AUTO-PAY OPTION FORM

Upon completing and signing this form, you have selected the Auto-Pay option for your Member account. It's easy, and by choosing this option, you can avoid possible late fees.

During the first week of each month, you will receive a Member account statement. This allows you the opportunity to review your monthly charges and call or email if you have any questions. Around the 20th of each month, your credit card on file will be charged for the outstanding balance listed on your statement.

Please provide the following information:

Circle card type: Visa MC AMEX Discover Other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name as it appears on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please remember to advise the Member Accounting Department at 727.942.5436  
of any change in credit card information including the expiration date.

*Thank you for choosing the Auto Pay Option for  
convenient monthly billing to your Credit Card.*