BROKEN SOUND
CLUB

APPLICATION FOR MEMBERSHIP

MEMBERSHIP PROCESS & ONBOARDING

1. Contract for Purchase received in Membership Office.
2. Membership Application completed and submitted along with $500+tax Application Fee, payable to Broken Sound Club
3. Applicant(s) contact Broken Sound Master Association regarding HOA Approval 561-998-5813.
4. Digital copies of Club Rules, Bylaws, Billing Schedule and applicable Membership Purchase Agreement sent to Applicant(s).
5. Upon receipt of signed paperwork, Membership office will send estoppel paperwork to closing agency. HOA approval is required for Compliance Certificate
6. Digital Orientation will be sent for mandatory Applicant review and acknowledgment, along with a request for photos and date for an In-Person Orientation.
7. In-Person Orientation New Members will receive additional Club information, Member #, Login Credentials for website and mobile app, and Welcome Gift.

2401 Willow Springs Drive, Boca Raton, FL, 33496
(561)241-6800

Please return the completed application, along with $500+tax application fee payable to Broken Sound Club, and your residential contract to purchase to the Membership Department.

GENERAL BACKGROUND

Applicant's Name: _____ Social Security Number: _____ (required)

E-mail: _____ DOB: _____ Phone Number: _____

Spouse's/Significant Other's Name: _____ Social Security Number: _____ (required)

E-mail: _____ DOB: _____ Phone Number: _____

Broken Sound Address:

_____

Street Address City State Zip Code

Broken Sound Village: _____ Will this be your primary residence? ☐ Yes ☐ No

Current Address:

_____

Street Address City State Zip Code

Second Address (if applicable):

_____

Street Address City State Zip Code

ABOUT YOU

Why did you choose Broken Sound Club? _____

_____

What hobbies/activities are you interested in? _____

Are you/have you been a member of a country club? ☐ Yes ☐ No If so, where?_____

Have you ever lived in an HOA/POA before? ☐ Yes ☐ No

Have you previously served on any club committees in the past? ☐ Yes ☐ No

Have you had a tour of the facility? ☐ Yes ☐ No

Please list unmarried children under twenty-six (26) years of age, residing with you or attending school on a full-time basis. These children will be listed on your Membership and granted all of your membership privileges. You will be responsible for any charges your children make on your account.

Name Birth Date

1. _____ _____

2. _____ _____

3. _____ _____

*Proof of date of birth is required for the membership cards to be issued.

Please list unmarried children who are twenty-six (26) years of age or over and are residing at the home. These children will not be permitted use or access of your Membership privileges, but may be subject to other charges and fees as required by the Club's rules, regulations, and bylaws, as amended from time to time.

Name Birth Date

1. _____ _____

2. _____ _____

*In the event any individual intends to personally pay for the stated Member/Applicant's bills issued by The Club, the separate Club Membership Debt Acknowledgment Letter and Personal Guarantee Form is required.

EMPLOYMENT

Company Name: _____ Title: _____

Address:_____
Street Address City State Zip Code

Phone Number: _____ Years in Present Employment: _____

Spouse/Significant Other

Company Name: _____ Title: _____

Address:_____
Street Address City State Zip Code

Phone Number: _____ Years in Present Employment: _____

EMERGENCY CONTACT INFORMATION

Individual should not reside in your residence.

_____
Name Relationship Telephone

_____
Street Address City State Zip Code

CATEGORY OF MEMBERSHIP REQUESTED

☐ Sports ☐ Club Course (Currently Not Available) ☐ Old Course (Currently Not Available) ☐ Transfer

Would you like to be added to the wait list for the Club Course Membership? ☐ Yes ☐ No
Would you like to be added to the wait list for the Old Course Membership? ☐ Yes ☐ No

GOLF MEMBERS Select a Golf Cart Usage

☐ Basic (Pay as you Play) ☐ Unlimited (Additional $1,000 per year)

I hereby apply for Membership privileges in Broken Sound Club, Inc. I understand that fees and charges applicable to memberships can be changed at the discretion of the Board of Governors.

_____ _____
Applicant Signature Spouse/Significant Other's Signature

_____ _____
Date Date