Membership Registration Packet

SIGNIFICANT OTHER/DOMESTIC PARTNER POLICY

Parkland Golf & Country Club (the "Club") will allow an unmarried Member in good standing who is maintaining a common household and living with another individual (who is not his/her blood relative such as a parent or sibling) in a "Domestic Partner" relationship as a family unit on a full-time basis to designate such other individual to use the facilities and the Membership Privileges at the Club as a Domestic Partner on the same basis as if such designated individual was the spouse of the Member as set forth in the Club's Membership Plan. The undersigned Member hereby certifies that he/she is living with and maintaining a common household with the individual designated below on a full-time basis as a family unit and hereby agrees to immediately notify the Club in writing at such time that the Member is no longer living with or maintaining a common household with the undersigned individual on a full-time basis as a family unit. The Member may only name one individual as a Domestic Partner pursuant to this policy during any twelve-month period, however, the Member may terminate the use of privileges of the designated Domestic Partner at any time by giving written notice to the Club. The undersigned Member of the Club hereby acknowledges responsibility for all charges and fees incurred by the designated Domestic Partner and for the conduct of the designated Domestic Partner. The Club reserves the right to terminate this policy, to establish other rules governing the designation of a Domestic Partner for spouse status and to otherwise modify this policy at any time in its discretion. The undersigned Member hereby acknowledges and agrees that in the event that Member does not abide by the terms of this policy or allows an individual who does not satisfy the terms on this policy to continue to use the Membership privileges, then the undersigned Member's Membership at the Club is subject to disciplinary action, including but not limited to, the suspensions or termination of the Membership in accordance with the Club's Membership Plan. _____ Member Initial Here

As the Domestic Partner of the undersigned Member's Membership at the Club, the undersigned Domestic Partner of the Member understands and acknowledges that the use privileges at the Club are available only by the virtue of being the Domestic Partner and that the Member may terminate the undersigned's use of privileges at any time by providing written notice of such termination to the Club. The undersigned Domestic Partner understands that use of privileges shall terminate upon the earlier of: 910 written notice from the Member and/or Club requesting such termination, (ii) resignation of Membership privileges by the undersigned Member, or (iii) a change in circumstances such as the Member and Domestic Partner no longer living together and maintaining a common household on a full-time basis as a family unit. _____ S.O Initial Here

_____	_____	_____
Print Name of Member	Signature of Member	Today's Date
_____	_____	_____
Print Name of Domestic Partner	Signature of Domestic Partner	Today's Date

HOMEOWNER INFORMATION

Circle One: Mr. Mrs. Ms. Miss Dr.

Full Name of Homeowner (Please Print): _____

Property Address in Parkland Golf & Country Club:

_____

Street

_____

City State Zip

Date of Birth: _____ Marital Status: Single Married

Occupation: _____

Employer: _____

_____

Street

_____

City State Zip

Business Telephone: ( ) _____ Mobile Telephone: ( ) _____

Home Telephone: ( ) _____ Email: _____

Circle One: Mr. Mrs. Ms. Miss Dr.

Spouse/SO Full Name (Please Print): _____

Date of Birth: _____

Occupation: _____

Employer: _____

_____

Street

_____

City State Zip

Business Telephone: ( ) _____ Mobile Telephone: ( ) _____

Home Telephone: ( ) _____ Email: _____

DEPENDENT INFORMATION

Each Membership includes any unmarried children under the age of twenty-five and either living in the undersigned's home full time or attending school on a full-time basis or serving in the military.

	First & Last Name	Date of Birth	Male or Female
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Each of the undersigned acknowledges that they have received a copy of the Amended and Restated Club Plan for Parkland Golf & Country Club Sports Club dated March 25, 2011 and recorded in Official Record Book 47812 Pages 1115-1148 of the Public Records of Broward County, Florida (as amended, the "club Plan") and a current copy of the unrecorded Rules and Regulations of the Club (as amended, the "Rules and Regulations"), and certifies that the information set forth herein is true and accurate. The Owner first named above has been designated by the Owner of the Home as the Associate for purposed of the Club Plan and the Rules and Regulations.

_____	_____	_____
Date	Print Name of Owner	Signature of Owner
_____	_____	_____
Date	Print Name of Spouse/SO	Signature of Spouse/SO

Photo Release Disclaimer: By signing above, I understand that Parkland Golf & Country Club has my permission to use mine or my family's likeness in a photograph, video, or other digital media content ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

FOR CLUB USE ONLY

Membership Initial Contribution:

$_____ Chk No. _____ Date Rec'd: _____

Home Sale Closing Date: _____ Member ID #: _____

Received By: _____ _____

Print Name Signature

MEMBERSHIP PROFILE

DINING & SOCIAL

Have you ever been a Member(s) of another country club?

- ☐ Yes
- ☐ No

Do you currently have any friends residing within the PGCC Community?

- ☐ Yes
- ☐ No

Are you interested in finding other Members with similar interests?

- ☐ Yes
- ☐ No

What kind of social activities are you interest in?

_____

_____

FITNESS & WELLNESS

What do you hope to gain by joining our Fitness Center?

- ☐ Weight Management
- ☐ Mobility Improvement
- ☐ Overall Health

What time of day do you normally exercise?

- ☐ Mornings
- ☐ Afternoons
- ☐ Evenings

Which of the following are you interested it?

- ☐ Group Classes
- ☐ Personal Training
- ☐ Both

GOLF

Are you interested in joining our Golf Membership?

- ☐ Yes!
- ☐ No, thank you.

Have you been a Golf Member at another club?

- ☐ Yes, I am/was a Member at _____.
- ☐ No, I have not been a Golf Member.

How long have you played golf?

- ☐ 0-5 Years
- ☐ 5-10 Years
- ☐ 10-15 Years
- ☐ 15+ Years

Which days of the week do you typically play?

- ☐ Mondays
- ☐ Tuesdays
- ☐ Wednesdays
- ☐ Thursdays
- ☐ Fridays
- ☐ Saturdays
- ☐ Sundays

Please check off what you are interested in:

- ☐ MGA (Men's Golf Association)
- ☐ PWGA 18 (Parkland Women's Golf Association)
- ☐ PWGA 9
- ☐ Men's Majors
- ☐ Ladies' Majors
- ☐ Teaching/Coaching/Instruction
- ☐ Junior Golf (<18 years)

What is your current GHIN # (optional)?

_____

What is your Golf Bucket List?

_____

_____

Do you or would you like to own a private golf cart?

- ☐ Yes
- ☐ No

What golf brands do you prefer (apparel, clubs, footwear, etc.)?

_____

KIDS' CENTER

Which days/times would you typically need to use our Kids' Center?

_____

Would your child(ren) be interested in weekly/monthly kid events?

- ☐ Yes
- ☐ No

RACQUET SPORTS

Have you ever played Tennis or Pickle Ball?

- ☐ I have only played Tennis
- ☐ I have only played Pickle Ball
- ☐ I have played both

How long have you played the racquet sport(s)?

- ☐ 0-5 Years
- ☐ 5-10 Years
- ☐ 10-15 Years
- ☐ 15+ Years

Are you interested in joining a league?

- ☐ Yes
- ☐ No

Which time of day do you typically play?

- ☐ Mornings
- ☐ Afternoons
- ☐ Evenings

Date of Request: _____

Primary Member Information

_____ _____
Print Name Member ID

Type of Membership (check one)

- ☐ Sports Resident
- ☐ Full Golf Resident

Name of Member(s) who can charge to the account (please note, children must be 14+ years old):

_____ _____
Name of Member Member ID

- ☐ Spouse/SO
- ☐ Child

_____ _____
Name of Member Member ID

- ☐ Spouse/SO
- ☐ Child

_____ _____
Name of Member Member ID

- ☐ Spouse/SO
- ☐ Child

_____ _____
Name of Member Member ID

- ☐ Spouse/SO
- ☐ Child

I, undersigned, confirm that my spouse/son/daughter/significant other currently resides with me inside my household and that my children are unmarried, under the age of 25. I hereby authorize their utilization of my Parkland Golf & Country Club membership privileges. In utilizing the facilities, I hereby understand that I am liable for any unpaid or delinquent charges made by him/her/them to my account.

_____ _____
Print Name Signature

Please read the following carefully as it pertains to important information regarding Club payments and applies to Parkland Golf & Country Club.

METHODS OF PAYMENTS TO CLUB STATEMENTS:

Members are granted charging privileges upon approval by the respective Club. Monthly statements will reflect: a) all usage activity incurred by the Member for the previous month, and b) all Club dues and fees for the upcoming month, quarter and/or year. All payments received by the Club from the Member will be closed on the last day of each month. Monthly statements will typically be sent by regular mail or email to the Member within five days from closing. All statements are due and payable upon receipt and in no event later than the twentieth day of the month in which the statement was sent. Payments are accepted in the form on a check or ACH (Automatic Clearing House) through the Club's accounting office or through the Club's website. Visa, MasterCard, Discover, or American Express credit cards are accepted through out third-party secure payment vendor but vendor fees apply.

Members who monthly statements are not paid in full by the 20th day of the month in which it was billed, hereby authorize the Club to Charge the full balance due to the Member's ACH on file with the Club and a late charge and/or finance charge established by the Club will be added to all outstanding balances if the statement us not paid in full by the last day of the month and remain suspended until payment in full has been received.

METHOD OF PAYMENT	IF RECEIVED AT CLUB	FEES
Personal or Business Check	By 20th of the Month	No Charge
ACH Authorization on file	Applied on the 20th of the month	No Charge
Third-Party Secure Payment	By 20th of the month	Vendor Fee

CLUB STATEMENT ACCOUNT FEES
Late Fee if account is not paid in full | $35
Finance Charge for over 30-day accounts | 1.5% per month
Return Check Fee | $20

_____ _____ _____

Print Name Signature Date

AUTOMATIC CLEARING HOUSE (ACH) ENROLLMENT FORM

_____ _____
Name as shown on your bill Member ID

_____
Address as shown on your bill

_____
Name of Financial Institution

Please deduct my automatic bill payment from my:

- ☐ Checking
- ☐ Savings
- ☐ Other

_____ _____
Bank Routing Number Account Number

I/we hereby authorize Parkland Golf & Country Club to initiate debit entries to my/our account at the depository financial institution named above and to debit the same such account. I/we acknowledge that the orientation of the ACH transaction to my/our account must comply with the provisions of U.S. law. This authority will remain in effect until I/we notify the Club in writing to cancel it in such time as to afford the financial institution three (3) days before my account is charged.

_____ _____ _____
Date Print Name of Owner Signature of Owner

_____ _____ _____
Date Print Name of Spouse/SO Signature of Spouse/SO

**Voided check must accompany this form when submitting it to the Club.*