



**DUNEDIN GOLF CLUB, INC.**  
 1050 Palm Boulevard  
 Dunedin, Florida 34698  
 (727) 733-2134  
**Application for Seasonal Membership**



**Name:** \_\_\_\_\_ **Spouse Name:** \_\_\_\_\_

**Social Security:** \_\_\_\_\_ **Spouse Social Security:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Spouse Date of Birth:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Seasonal Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Cell Telephone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Employment:** \_\_\_\_\_

**Dependent Children under the age of 21 year of age living at home**  
**Name:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

Seasonal Membership Single [ ] From \_\_\_\_\_ To \_\_\_\_\_

Seasonal Membership Family [ ] From \_\_\_\_\_ To \_\_\_\_\_

Cart Plan [Y] [N]

I understand filling out an application does not assure Membership approval in the Dunedin Golf Club, many factors go into the decision-making process, and I will hold the club harmless if for any reason my application is not approved. I agree that by signing this application I understand and agree to the below:

1. I approve the Club to do a background check for which there is a \$40.00 Application Fee. This fee must be paid and the background check complete prior to being considered for membership.
2. If approved for membership, I agree to abide by the By-Laws and by the Rules & Regulations of the Dunedin Golf Club, Inc. I understand I will be obligated for all dues, fees, assessments, and minimums for the fiscal year, regardless of my chosen method of payment.
3. When I renew my membership by paying dues at the beginning of the next fiscal year, in full or in partial, I will be obligated for all dues, fees assessments and minimums for that fiscal year.
4. All resignation requires 30-day written notice. Resignation may come any time during the fiscal year, but the fiscal year dues and minimum requirements must be paid prior to resignation acceptance. I understand I will be responsible for these payments in full.
5. If membership is approved and accepted, I agree to pay all usual and customary fees as may relate to any collection action pursued by the Dunedin Golf Club to recover any fees, dues, minimums, or assessments I may fail to pay within 90 days of any published due date.
6. I understand that the Board of Directors may vote at any time, for any reason to terminate my membership, and that any prepaid dues or fees will not be refunded.
7. I agree to act as a lady and or a gentleman at all times when at the Club, and or when representing the Club.
8. I agree to act in the best interest of the Club, when at the Club and in any of my dealing with the Club.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Applicant:** \_\_\_\_\_

The Board of Directors meeting will take place during the last week of each month and at that time membership applications will be voted on. Your temporary membership will be prorated based on the date the application is submitted. Upon approval you will receive a membership welcome packet and member number.



DUNEDIN GOLF CLUB, INC.



To be filled out by a DGC Manager:

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

Membership Classification \_\_\_\_\_ Cart Plan [Y] [N]

Matriculation Date \_\_\_\_\_

Unless prepaid, Membership dues are billed monthly, in advance. Food and Beverage minimums must be met monthly for Seasonal Members.

Your financial obligations are as follows:

Initiation Fee (new members only) \$ 300 Tax 7% Total \$ 321 [ ]

Application Fee (new members only) \$ 40 Tax 2.80 Total \$ 42.80 [ ]

Monthly Food and Beverage Minimum \$ \_\_\_\_\_ [ ]

1st Month Dues Total \$ \_\_\_\_\_ [ ]

Total Due at Joining \$ \_\_\_\_\_ [ ]

Note: As set by the Board of Directors, unused minimums at the end of the month will be posted to the members' next statement. Minimum balances are reduced by the base food and beverage charges, not including gratuities or taxes, and unspent balances are printed on the face of the member monthly statement.

When joining after the start of the fiscal year, Dues and Food and Beverage Minimums will be prorated based on the number of days. The same applies, if extending membership for additional months.

I/we accept financial responsibility for, and agree to pay, the Initiation Fee (if applicable), Monthly Dues, Monthly Food & Beverage Minimums as billed on my/our monthly statement of charges. I/we understand this is not a full membership, and are not afforded full membership privileges.

Signature of Applicant

Date

Printed Name of Applicant

Board Action

Board Action: At a meeting of the Board of Directors held on \_\_\_\_\_, the Applicant(s) named herein received approval for Admission to Membership in The Dunedin Golf Club.

Signature \_\_\_\_\_ Date \_\_\_\_\_