



# DUNEDIN GOLF CLUB, INC.

1050 Palm Boulevard  
Dunedin, Florida 34698  
(727) 733-2134



## Application for Annual 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:               |

Active Golf Single  Associate Under 35 Single  Social Single  Jr. Membership   
 Active Golf Family  Associate Under 35 Family  Social Family  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 on the last Thursday of each month and at that time membership applications will be voted on. In the interim applicants will receive temporary membership with access to the Clubhouse and Golf Course without charging privileges. This temporary membership will be prorated based on the date the application is submitted. Upon approval they will receive a membership welcome packet and member number.

