



ST. ANDREWS COUNTRY CLUB

Resident Membership Application & Subscription Agreement

ST. ANDREWS COUNTRY CLUB
17557 Claridge Oval West, Boca Raton, Florida 33496
(561) 451-4900
www.standrewscc.com

RESIDENT MEMBERSHIP APPLICATION AND SUBSCRIPTION AGREEMENT

St. Andrews Country Club, Inc.
17557 Claridge Oval West
Boca Raton, Florida 33496

Date: _____

Request is hereby made by the undersigned for Membership in St. Andrews Country Club, Inc. The undersigned subscribes for a Membership Certificate in St. Andrews Country Club, Inc. and agrees to pay a Membership contribution at closing for the membership category:

Full Membership Fee: \$135,000 (\$20,000 Refundable effective September 1, 2016)

Membership Application Required within 10 Days of Contract along with Membership Application Fee of \$535

Applicant: _____ **Birthdate:** _____

Applicant: _____ **Birthdate:** _____

Marital Status: Single Married Divorced Widowed

Significant Other (if applicable): _____ **Birthdate:** _____

Unmarried Children under age 30 living at your St. Andrews Residence:

Name: _____ **Birthdate:** _____

Name: _____ **Birthdate:** _____

Name: _____ **Birthdate:** _____

Name and relationship of any other person who will live in this residence:

Present Address:

Street City State Zip

Billing Address:

Street City State Zip

Phone No.: () _____ **Out of State Phone No.:** () _____

Applicant **Applicant or Significant Other**
Cell Phone No.: _____ **Cell Phone No.:** _____

Applicant **Applicant or Significant Other**
E-mail Address: _____ **E-mail Address:** _____

Would you prefer your Club Membership statements: Mailed E-mailed Both

Business name, address & phone no.: _____

Occupation/Profession: _____

Current Former

Names of Golf, Tennis and/or Yacht Club Affiliations: (past or present) _____

Boards / Committees served on at other Clubs: _____

Purchasing Lot#: _____ **Realtor:** _____

Sellers Name: _____ **Address:** _____

List current or former St. Andrews Country Club members you know.

Name: _____ **Name:** _____

Membership contributions are due and payable upon execution of this Application and Subscription Agreement.

The undersigned Subscriber(s) hereby acknowledges receipt of a copy of the Articles of Incorporation, By-Laws and Rules and Regulations of St. Andrews Country Club, each as amended to date, and agrees to be bound by all of the respective terms and conditions of each such document, as presently constituted and as each may be amended from time to time in the future.

I understand that St. Andrews Country Club is a golf and country club community. I further understand and agree that by acceptance and delivery of a deed to property in the community and the privileges of membership in St. Andrews Country Club, Inc. (the "Club"), I assume all risk of damage to my property and my person and to the property and the person of any third parties caused by the entry of golf balls onto my property, whether errant or not. I agree to indemnify the Club, its officers, directors, governors, employees and agents in connection with all risk of damage to my property and my person and to the property and the person of any third parties caused by the entry of golf balls onto my property, whether errant or not. I agree not to make any claim or institute any action against the Club, The St. Andrews Property Owners Association, Inc. or any of its respective officers, directors, governors, employees and agents.

Signature of Subscriber **Date**

Signature of Subscriber **Date**

Witness **Date**

If you are interested in automatic debit of your club statement from your bank account, please complete the following:

I (we) hereby authorize St. Andrews Country Club, Inc., to initiate debit entries (or if need be, credit entries/adjustments for errors) on my (our) account named below in amounts that range between \$.01 and \$10,000.00

FINANCIAL INSTITUTION
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCT NO. _____

Signature: _____

Please attach a voided check. Debits will take place on the 15th of every month.

ST. ANDREWS COUNTRY CLUB NEW MEMBER PROFILE

We look forward to welcoming you as the newest members of St. Andrews Country Club! In an effort to help us become familiar with your interests and needs, and to better understand our membership in general, we ask that you take a few minutes to complete this form as part of your application process.

How did you hear about St. Andrews Country Club?

Please mark all that apply:

Current Member - Who Can We Thank?

Former Member
 Business Associate
 Friend or Family

Word of Mouth
 Web Search/ Website
 Other _____

Residence:

Year Round
 6-9 Months
 < 6 Months

Why did you move to St. Andrews Country Club? Please mark all that apply:

<input type="checkbox"/> Location	<input type="checkbox"/> Golf Courses	<input type="checkbox"/> Spa	<input type="checkbox"/> Vacation Home
<input type="checkbox"/> Real Estate	<input type="checkbox"/> No Tee Times	<input type="checkbox"/> Fitness	_____
<input type="checkbox"/> Facilities	<input type="checkbox"/> Tennis Programs	<input type="checkbox"/> Dining Facilities	_____
<input type="checkbox"/> Family Activities	<input type="checkbox"/> Social Life	<input type="checkbox"/> Bridge/Card Play	_____

GOLF:

Applicant #1

18-Holes
 9-Holes
 Tournaments
 Lessons/Clinics

Clinics
 Handicap _____
 GHIN # _____
 Beginner

Applicant #2 /Significant Other

18-Holes
 9-Holes
 Tournaments
 Lessons/Clinics

Clinics
 Handicap _____
 GHIN # _____
 Beginner

TENNIS:

Applicant #1

Singles
 Doubles
 Tournaments
 Lessons/Clinics

Tennis Team
 USTA Rating
 Beginner

Applicant #2 /Significant Other

Singles
 Doubles
 Tournaments
 Lessons/Clinics

Tennis Team
 USTA Rating
 Beginner

FITNESS:

Applicant #1

Group Classes
 Aqua Classes
 Pilates (One-on-One)
 Zumba
 Personal Training

Nutritional Counseling
 Physical Therapy
 Spinning

Applicant #2 /Significant Other

Group Classes
 Aqua Classes
 Pilates (One-on-One)
 Zumba
 Personal Training

Nutritional Counseling
 Physical Therapy
 Spinning

SPA:

Applicant #1

Hair Services
 Nail Services
 Makeup Services

Facials & Skin Care
 Massage Therapies
 Body Treatments

Applicant #2 /Significant Other

Hair Services
 Nail Services
 Makeup Services

Facials & Skin Care
 Massage Therapies
 Body Treatments

SOCIAL ACTIVITIES:

<input type="checkbox"/> Gourmet Dining	<input type="checkbox"/> Wine Tasting	<input type="checkbox"/> Gin	<input type="checkbox"/> Family Oriented Events
<input type="checkbox"/> Casual Dining	<input type="checkbox"/> Bridge	<input type="checkbox"/> Mahjong	<input type="checkbox"/> Other _____
<input type="checkbox"/> Parties & Dinner	<input type="checkbox"/> Canasta	<input type="checkbox"/> Lectures	_____
<input type="checkbox"/> Dances	<input type="checkbox"/> Poker	<input type="checkbox"/> Art Classes	_____

CHILDREN'S INTERESTS:

Name _____

Name _____

M/F (circle one) Age _____

Jr Golf & Clinics (5-12 years old)
 Jr Tennis & Clinics (5-12 years old)
 Jr Fitness & Clinics (5-12 years old)
 Swimming
 Arts & Crafts (3-12 years old)
 Basketball
 After School Programs

Kids Club
 Kids Can Cook
 Kids Can Garden

M/F (circle one) Age _____

Jr Golf & Clinics (5-12 years old)
 Jr Tennis & Clinics (5-12 years old)
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Please attach another sheet for three or more children.