



APPLICATION FOR WELCOME MEMBERSHIP

Primary Member

PROSPECTIVE MEMBER: _____ DOB: _____

FLORIDA ADDRESS: _____

PHONE: _____ EMAIL: _____

OTHER ADDRESS: _____

HOW MANY MONTHS DO YOU LIVE IN FLORIDA: _____

PRESENT/PAST CLUB MEMBERSHIPS:

PRESENT: _____

PRESENT/PAST: _____

HAVE YOU (OR SPOUSE) EVER BEEN SUSPENDED/TERMINATED FROM A PRIVATE CLUB OR ORGANIZATION?

____ YES ____ NO IF YES, EXPLAIN: _____

EMPLOYER: _____ TITLE: _____

HOW MANY YEARS? _____

PREVIOUS EMPLOYMENT: _____

EDUCATION: _____

OTHER NOTABLE POSITIONS: _____

NAMES & BIRTH DATES OF CHILDREN (UNDER 22)

WRITE BRIEF RESUME OF YOUR INTEREST – Social, business, hobbies

Spouse

PROSPECTIVE MEMBER: _____ DOB: _____

FLORIDA ADDRESS: _____

PHONE: _____ EMAIL: _____

OTHER ADDRESS: _____

HOW MANY MONTHS DO YOU LIVE IN FLORIDA: _____

PRESENT/PAST CLUB MEMBERSHIPS:

PRESENT: _____

PRESENT/PAST: _____

HAVE YOU (OR SPOUSE) EVER BEEN SUSPENDED/TERMINATED FROM A PRIVATE CLUB OR ORGANIZATION?

____ YES ____ NO IF YES, EXPLAIN: _____

EMPLOYER: _____ TITLE: _____

HOW MANY YEARS? _____

PREVIOUS EMPLOYMENT: _____

EDUCATION: _____

OTHER NOTABLE POSITIONS: _____

WRITE BRIEF RESUME OF YOUR INTEREST – Social, business, hobbies

Sponsor for Membership

NAME 1: _____

NAME 2: _____

Type of Membership : Check one

☐ WELCOME SINGLE	Circle One	2 ~ 3 ~ 4 Months	Start Date: _____
☐ WELCOME COUPLE	Circle One	2 ~ 3 ~ 4 Months	Start Date: _____

SINGLE: \$1500.00 + Tax \$1,605.00 Per Month

COUPLE: \$2500.00 + Tax \$2,675.00 Per Month

*Payment due with application

Make check payable to
Lost City Golf Club

Mail to
Membership - Lost City Golf Club
301 Orange Tree Drive
Atlantis, FL 33462

MEMBERSHIP AGREEMENT

The privileges and conduct of each member is governed by the Club's By-laws, and Rules and Regulations, as they may be amended from time to time. This includes but is not limited to, the following:

- *Members are liable for all annual dues, fees, and charges as of November 1st of each calendar year.
- *While dues can be billed monthly, member agrees to pay all dues, fees & charges for the entire year.
- *Membership dues, fees and charges are not refundable or transferable.
- *While the initiation fee may be payable in installments, member agrees to pay the entire initiation fee within the terms outlined to them and agreed upon, by signing below.
- *As a member, pictures or video may be used for promotional materials in which any member may appear.
- *I agree to have my picture used for such purposes.
- *I agree to have my credit report pulled to confirm financial wellness.

I have read the conditions above and if accepted for membership, agree to abide by them.

SIGNATURE OF CANDIDATE_____DATE_____

SIGNATURE OF SPOUSE_____DATE_____

THE UNDERSIGNED DECLARES THAT ALL STATEMENTS MADE, AND SUPPORTING DOCUMENTATION PROVIDED, IN CONNECTION WITH THE REQUEST FOR INVITATION ARE TRUE. THE UNDERSIGNED (PLEASE CHECK ONE) DOES ☐ DOES NOT ☐ AUTHORIZE LOSTCITY GOLF CLUB TO PERFORM, OR TO ENGAGE A THIRD PARTY(IES) TO PERFORM, SUCH BACKGROUND AND/OR REFERENCE CHECKS ON THE UNDERSIGNED AS LOST CITY GOLF CLUB DEEMS NECESSARY OR APPROPRIATE IN ITS SOLE AND ABSOLUTE DISCRETION.

SIGNATURE OF CANDIDATE_____DATE_____

SIGNATURE OF SPOUSE_____DATE_____

THE UNDERSIGNED HEREBY AGREES THAT, IF ACCEPTED FOR MEMBERSHIP IN LOST CITY GOLF CLUB, THE UNDERSIGNED SHALL COMPLY WITH AND SHALL BE BOUND BY ALL OF THE TERMS AND PROVISIONS OF THE BYLAWS AND THE RULES AND REGULATIONS OF LOST CITY GOLF CLUB AS AMENDED FROM TIME TO TIME, AND, FURTHER, AGREES TO PAY ALL SUMS DUE TO LOST CITY GOLF CLUB ON A TIMELY BASIS IN ACCORDANCE WITH SUCH BYLAWS, RULES OR REGULATIONS OR OTHERWISE, AS ADOPTED OR AMENDED NOW OR IN THE FUTURE. IN THE EVENT THAT LOST CITY GOLF CLUB RETAINS COUNSEL OR INITIATES LEGAL ACTION TO ENFORCE ANY TERMS OF THIS MEMBERSHIP AGREEMENT, THE RULES AND REGULATIONS OR CLUB BYLAWS, THE UNDERSIGNED SHALL BE RESPONSIBLE TO PAY REASONABLE ATTORNEY'S FEES AND LEGAL COST AND EXPENSES INCURRED BY LOST CITY GOLF CLUB IN ADDITION TO THE PAYMENT OF ALL SUMS OWED.

SIGNATURE OF CANDIDATE_____DATE_____

SIGNATURE OF SPOUSE_____DATE_____