



# MEMBERSHIP

*Application*



**SANTA ROSA**  
**GOLF & BEACH CLUB**

Scenic Hwy 30A • Santa Rosa Beach, FL  
[www.santarosaclub.com](http://www.santarosaclub.com)

# Personal

Applicant's Name \_\_\_\_\_ SSN# \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

Married  Single  Widowed

Spouse's Name \_\_\_\_\_ SSN# \_\_\_\_\_

Spouse's Birthdate \_\_\_\_\_ Spouse's Birthplace \_\_\_\_\_

## Primary Residence

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Length of Residency \_\_\_\_\_

E-mail Address \_\_\_\_\_

## Secondary Residence

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Length of Residency \_\_\_\_\_

Alt. E-mail \_\_\_\_\_

## Names & Ages of Unmarried Children Under 24 Years of Age Living at Home:

1. \_\_\_\_\_ Age \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_

4. \_\_\_\_\_ Age \_\_\_\_\_

## Universities Attended:

Applicant \_\_\_\_\_

Degrees \_\_\_\_\_

Spouse \_\_\_\_\_

Degrees \_\_\_\_\_

## Recreational Activities:

Applicant \_\_\_\_\_

Spouse \_\_\_\_\_

## List Clubs and Organizations of which you or your spouse are Members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Business

Company Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Years at Business \_\_\_\_\_

\_\_\_\_\_ Business Phone \_\_\_\_\_

Do you have financial interest or ownership in this business?  Yes  No

Nature of Business \_\_\_\_\_

# General

Are you or your spouse acquainted with any Members of this Club?  Yes  No

If yes, list names: \_\_\_\_\_  
\_\_\_\_\_

Why are you interested in joining? \_\_\_\_\_

**How would you like you and your spouse's name listed in the Club Directory?**

Member \_\_\_\_\_ Spouse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List banks where you have established accounts:**

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Contact _____	Contact _____

# Sponsorship

1. Member Sponsor Name \_\_\_\_\_

Signature \_\_\_\_\_

2. Member Sponsor Name \_\_\_\_\_

Signature \_\_\_\_\_

*Each application form must be signed by two (2) Members of Santa Rosa Golf & Beach Club.*

# For Club Use

\_\_\_\_\_  
Membership Committee Approval Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Posted to Membership

\_\_\_\_\_  
Club Secretary

\_\_\_\_\_  
New Member Number

# Membership Types

Please check Membership type desired:

- Equity
- Social
- Player's Card

*I have attached my check in the amount of \$ \_\_\_\_\_ (prevailing fee).*

Please check billing schedule desired:

- Monthly
- Quarterly
- Semi-Annually
- Annually

## For Club Use

*I herewith submit my application for Membership in the Santa Rosa Golf & Beach Club.  
I agree to abide by the rules and regulations as posted and published in the Bylaws  
as well as those promulgated by the Board of Directors.*

*I / we hereby authorize Santa Rosa Golf & Beach Club, Inc., to obtain a credit report and  
conduct a criminal background check for the purpose of Membership acceptance.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date