

APPLICATION FOR MEMBERSHIP
2010

TYPE OF MEMBERSHIP (please check)

Silver Package Silver Package Plus Summer Membership
 Gold Package Platinum Package
 Corporate Business Corporate Business Plus
 Associate Membership Optional Bag Storage Optional Locker

Date: _____

Name: _____

Additional Member or Designee: _____

Home Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Business or Employer: _____ Title or Position: _____

Date of Birth: _____ Home Phone: _____ Business Phone: _____

Amount of Money Enclosed (plus 7% tax): _____

(payment by check only; payable to Sea Oaks Golf Club)
99 Golf View Drive - Little Egg Harbor, NJ 08087

I understand and agree to abide by all club regulations. I recognize that membership in Sea Oaks Golf Club confers no ownership or managerial rights. Management reserves the right to reject any membership application and may terminate membership for cause. Fees and membership availability are subject to change without notice. Past due accounts will be charged at 1 ½ % per month. Return Check Fee is \$25. Billing is processed on the first of the month with the balance to be due within 30 days. Account balances past due 45 days or greater will be deactivated. Reactivation will be subject to review. Statement payments are to be made by Cash or Check Only. Collection: In the event that Sea Oaks Country Club LLC is unable to collect the total due on your book account by way of the credit card on file, collection proceedings will be instituted without further notice and the applicant will be responsible for the collection costs including reasonable attorney fees.

Member Charge Guarantee:

As a member of Sea Oaks Golf Club you are entitled to member charging privileges. In order to activate your charging privileges please fill in the appropriate credit card information below to guarantee your account. In the event that your account becomes past due by 60 days your membership account balance will be automatically charged to the credit card listed below plus a 5% of any outstanding balance or \$15.00 late fee, whichever is greater.

Credit Card Number: _____ Expiration Date: _____

(Visa, Mastercard, Discover or American Express)

By signing below member agrees to the terms of this agreement individually and as an agent of the business listed in this agreement, if any.

Signature: _____