

List all persons that will be covered by your Golf Membership:

Family consists of primary, spouse, all unmarried dependents 21 years of age and under.

Primary: _____

DOB: ___/___/___ M or F

Spouse: _____

DOB: ___/___/___ M or F

Child: _____

DOB: ___/___/___ M or F

Child: _____

DOB: ___/___/___ M or F

Child: _____

DOB: ___/___/___ M or F

Child: _____

DOB: ___/___/___ M or F

I (we) the undersigned, are applying for a Golf Membership to The Club at Hidden Creek in Navarre, FL and acknowledge receiving a copy of and reading The Club at Hidden Creek's By-Laws Rules and Regulations dated June 1, 2021, and agree to abide by them. I (we) understand that my Golf Membership does not begin until this application is approved by The Club at Hidden Creek. **All memberships require a credit card on file.** Dues and any charges will automatically be deducted each month.

Signatures:

Primary: _____

Spouse: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

Office Use Only Below This Line

Total Paid w/ Application \$ _____

Payment Type: _____

Application Approved By: _____ on Date: _____

