

APPLICATION FOR MEMBERSHIP

Category:	Closing Date:		
Golf Sports	Broker:		
Tennis			
Social	Closing Agent:		
Applicant Information:			
Name of Applicant:		Date of Birth:	
Marital Status:		Social Security #:	
Co-Applicant Name:		 Date of Birth:	
Social Security #:		Anniversary Date:	
Residence Information:			
Admiral's Cove Address:			
Do/Will you reside at Admira	ls Cove year 'round?		
Other Residence Address (if a	applicable):		
Mailing Address:			
In what name did you take/ar	e you taking title to this new	home in Admirals Cove:	
In the event that there is any change i	in the way you take title to the home	e, the Club must be notified immediately.	
Contact Information:			
Applicant Email:			
Co-Applicant Email:	_		
Applicant Cell:			
Co-Applicant Cell:			
Other Residence:			

Areas of Interest:	Applicant		Co-Applicant	
Golf .				
Golf Handicap		. Golf Handicap	·	
Tennis				
*Tennis Division)	.*Tennis Divisio	o <u>n</u>	
Fitness				
COVEsters				
Cards				
* The Club offers three diff see the Tennis staff for furt		ladies to play 1	Tennis. There are Divisior	3, 4 and 6 teams. Please
Unmarried Children of Name	Applicant up		of age, living at home of Birth	e/attending school Interests
1		-		
2		-		
3				
4				
Please list the names a in the home for 30 day age 25 or older.		•	•	
Name		Age		Relationship
Name		Age		Relationship
Name		Age		Relationship
BUSINESS:				
Applicant's Employer				Phone
Occupation and/or Natu	re of Business			Title
Business Address				
Spouse's Employer				Phone
Occupation and/or Natu	re of Business			Title
Business Address				

^{*}If retired please indicate from what profession.

Name of Institution **Address** Officer to Contact Phone MEMBERSHIP IN OTHER CLUBS, PAST & PRESENT: Name of Club/Organization City/State Past or Current Name of Club/Organization City/State Past or Current MEMBERS OF ADMIRALS COVE OR FRIENDS TO BE CONTACTED FOR REFERENCE: Phone Number Name **Full Address** Full Address Phone Number Name Have you ever been convicted of a felony? If so, please describe Have you ever been expelled from any club?

BANKING RELATIONSHIPS:

If so, please describe

Upon signing this application I/We hereby authorize The Club at Admirals Cove, Inc. (Club) to receive any information in the investigation of my qualifications for membership as the Club deems appropriate, including without limitation my credit history. I further authorize any person or entity to disclose to the Club all information requested by the Club.

I/We understand that the subject of Mandatory Membership as adopted by the Club, acceptance for membership in the Club is subject to approval by the Board of Governors and payment of the required Initiation Fee, Dues, Charges, Assessments and applicable Application Fee. I/We further acknowledge that payment for membership in the Club is begin made subject to approval of this membership application and that, subject to the terms of Mandatory Membership, as adopted by the Club, payment does not guarantee approval of this Membership Application.

I/We affirm that all information on this Application, the Purchase Agreement and all other forms completed by me/us as true and accurate. In the event that any information is determined by the Club to be false or misleading, the Club reserves all rights and remedies as set forth in the By Laws, including but not limited to the right to impose sanctions, as well as right to impose and require payment of additional dues, fees, charges and assessments, that the Club determines to be due and payable.

I/We hereby agree to abide by all rules and regulations of the Club, including without limitation all Board decisions and By-Laws, as same may be amended from time to time.

Date:		
Applicant (Print Name):		
Applicant Signature:		
Co-Applicant (Print Name):		
Co-Applicant Signature:		

ADDITION NITE



ALLECANI					
Name:					
Address:					
Date:		Existing Me	mbery	esno	
•		purchase of I			
	ove, Inc. ("Club ategory selected	") and agrees t d below:	o pay to the C	lub the amoun	ts due for the
Please Circle	Initiation Fee	Initiation Fee	Total		Payment
Category	Refundable	Non-	Initiation	Deposit	Due at
	Portion*	Refundable Portion*	Fee*		Closing
Full Golf	\$60,000	\$90,000	\$150,000	\$10,000	\$140,000
Sports	\$35,000	\$75,000	\$100,000	\$10,000	\$100,000
Tennis	\$30,000	\$70,000	\$100,000	\$10,000	\$90,000
Social	\$24,000	\$62,250	\$86,250	\$10,000	\$76,250

• These amounts are subject to change by the Board of Governors up to the date of Closing on this Agreement by the Club.

Please sign/date and submit the following documents in the enclosed pre-addressed envelope:

- Application for Membership
- Membership Purchase Agreement
- Annual Dues/ Food & Beverage Minimum Form
- Inquiry Release (applicable only for non-resident applications)
- Receipt of By-Laws and Rules and Regulations
- Rules Regarding Gratuities
- Deposit check \$10,000 payable to <u>The Club at Admirals Cove</u> (to be credited to the <u>Total Initiation Fee</u>)

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• Non -refundable Application Fee- \$500.00 payable to <u>The Club at Admirals Cove, Inc.</u> (will NOT be credited to the Total Initiation Fee).

APPLICANT:	Date:

CLOSING ON THIS MEMBERSHIP PURCHASE AGREEMENT SHALL OCCUR ON THE DATE OF CLOSING BY APPLICANT ON THE PURCHASE OF A HOME OR LOT IN ADMIRAL'S COVE. AT CLOSING THIS AGREEMENT, APPLICANT SHALL PAY TO THE CLUB THE TOTAL INITIATION FEE (LESS ANY DEPOSITS) TOGETHER WITH ALL APPLICABLE SALES TAX, FEES, CHARGES, DUES AND ASSESSMENTS.

All applications shall be subject to the membership approval process as set forth in the Bylaws. However, applications from property owners within Admirals Cove shall be accepted by the Club as a matter of right.

ACKNOWLEDGMENT OF MEMBERSHIP RIGHTS

The undersigned Applicant acknowledges that membership in the Club permits the member to use the Club in accordance with the provisions of the Club's Articles of Incorporation, By-Laws and Rules and Regulations, all as amended from time to time (collectively, the "Club Governing Documents"). Membership in the Club is not an investment in the Club or the Club's assets, and does not give a member vested property rights. Applicant represents and warrants to the Club that it is acquiring a membership to obtain recreational use of the Club Facilities and that it is not acquiring a membership as an investment and that it does not expect to derive any economic profit or benefit from the membership. Applicant acknowledges that the Club is a Florida corporation not for profit, that membership in the Club does not provide a member with any ownership or equity interest in the Club or the Club's assets and that no part of the Club's income or profit may be distributed to a member. By acquiring a membership in the Club, Applicant acquires only those rights set forth in the Club Governing Documents and the provisions of Chapter 617, Florida Statutes, as amended from time to time.

The undersigned Applicant hereby acknowledges receipt of the Club Governing Documents and represents that Applicant has read and understands them, that Applicant has had the opportunity and sufficient time to review the Club Governing Documents with his/her attorney, and that Applicant agrees to be bound by the terms, conditions and obligations set forth therein, as the same may be amended from time to time by the Club. Applicant further acknowledges that it is not relying on any oral representations and is not relying on any written representations, other than the Club Governing Documents and this Membership Purchase Agreement, in acquiring a membership in the Club.

This Membership Purchase Agreement shall be governed by and construed and enforced in accordance with the laws of the State of Florida without giving effect to any principles of conflicts of law. Venue for any dispute arising out of this Membership Purchase Agreement shall lie in Palm Beach County, Florida.

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APPLICANT:	
Date:	
If the Applicant is marr	ried, the signature of both spouses is required.
Dated:	_
Applicant Signature	Applicant Signature
Print Name	
	y, the signature of the authorized representative is ed Individuals who may exercise the rights and privileges
Dated:	
	Print Entity Name
	By:
	 ts:
Designated Individuals:	
	Print Name
Print Name	 Print Name

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Admiral's Cove Address:	Current Mailing Address:
Unit Street	
()	City State Zip Code
	() Telephone Number
Dated:	THE CLUB AT ADMIRAL'S COVE, IN
	Ву:
	lts:

ANNUAL DUES/F&B MINIMUM/SERVICE CHARGE FORM November 1, 2017 - October 31, 2018

Name:	Member #			
Address:	Member Type:			
	GOLF	SPORTS	TENNIS	SOCIAL
DUES	\$21,563	\$17,768	\$12,621	\$12,016
SERVICE CHARGE	\$610	\$460	\$360	\$360
Food & Beverage I	Minimum	·	·	
		e is a yearly foo	d & beverage m	inimum of \$2,000.
I understand that I	_		_	
minimum or the u			•	•
Mandatory F&B Se	ervice Charge			
(Replaces 20% gra		& beverage che	cks)	
A service charge o		-	=	nly statement.
New Members – A	s – All amounts will be pro-rated from date of closing.			
Trail Fee				
Trail Fees are paya	ble by all Gol	f Members who	own a golf cart	which will be used
on Admiral Cove's	•		•	
All dues/ fees/min	imums are su	bject to applicat	ole Florida State	Sales Tax.
Member Signature	e:		Date:	
Member Signature	ı.		Date:	



ACKNOWLEDGEMENT OF APPROVAL

Please note that payment for membership in The Club at Admiral's Cove, Inc. is being made subject to approval by the Club of the subject membership. The undersigned buyer acknowledges that payment does not guarantee approval of the membership, which may only be done after satisfactory interview, credit and other checks.

Buyer	Date	
Buyer	Date	



RECEIPT OF BY-LAWS and RULES AND REGULATIONS

Buyer(s) hereby acknowledges receipt of a copy of the By-Laws and Rules and Regulations of The Club at Admiral's Cove and I/We agree to comply with them.

Executed this	day of	
	By: Buyer	
	By:	



The Rules and Regulations of The Club at Admirals Cove, Inc. have been amended by the Board of Governors to include the following:

GRATUITIES

Tipping of Golf Starters, Valet and outside Golf Attendants is strictly forbidden. Offering a gratuity of any type, including but not limited to cash, checks, gifts or favors of any kind or for any reason, including but not limited to, Holidays and Birthdays is not allowed.

These employees have been informed that they will lose their jobs if they accept a gratuity.

A member who violates this rule will be sanctioned by the Board, which sanction may include suspension from the use of all Club Facilities for a period of time.

I/We have read and accepted the above Rule regarding Gratuities.

Print Name of Member(s)	
Member Number	<u> </u>
Signature of Member	Signature of Member
Date	Date



MEMBERSHIP ASSESSMENT INFORMATION

On April 24, 2014 the members of The Club at Admirals Cove Inc. approved an assessment to support the borrowing for the renovation of the Club's 2015 Marina and Golf Village Golf Courses Renovation.

The membership approved that this assessment be paid over a 10 year term, with the first payment due in May 2014 and the last payment due in April 2024.

Monthly Payment

Equity Membership Category	Monthly Payment
Full Golf	\$211
Sports	\$171
Tennis	\$92
Social	\$92



INQUIRY RELEASE

IN CONNECTION WITH MY APPLICATION TO THE CLUB AT ADMIRALS COVE, INC., I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQURIES ARE TO BE MADE ON ME, INCLUDING CONSUMER, CRIMINAL, DRIVING AND OTHER REPORTS. THESE REPORTS MAY INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE ALONG WITH REASONS FOR TERMINATION OF CLUB MEMBERSHIP FROM OTHER CLUBS. FURTHER, I UNDERSTAND THAT THE CLUB WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL AND OTHER EXPERIENCE, AS WELL AS CLAIMS INVOLVING ME IN THE FILES OF INSURANCE COMPANIES.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY TO FURNISH THE ABOVE MENTIONED INFORMATION FOR A PERIOD OF 60 DAYS FROM THE DATE NOTED BELOW.

PRINT FULL NAME		
SOCIAL SECURITY NO.	DATE OF BIRTH*	
CURRENT ADDRESS		
CITY/STATE/ZIP		
DRIVER'S LICENSE NO	STATE	
APPLICANTS SIGNATURE		
DATE		

^{*} Date of Birth is requested in order to obtain accurate retrieval of records.



Authorization Agreement for Automatic Debits ACH Debits

The Club at Admirals Cove

I hereby authorize The Club at Admirals Cove, to initiate debit entries to my <u>Checking Account</u> for my Admirals Cove Club Account in the amount of the total due on or before the 25th of each month.

This authority is to remain in full force and effect until The Club at Admirals Cove has received written notification from me (or either of us) of its termination in such time and in such manner to allow The Club at Admirals Cove a reasonable opportunity to act on it.

PAYEE INFORMATION		
Name:		
Banking Institution:		
Danking Institution.		
Checking Account Number:	Routing Number:	
Member Number:	Date:	
Signature:		

Please return this completed form to the Accounting Office along with a Voided Check ACH authorization may take up to one billing period to complete. If you should have any questions please contact the Accounting department during business hours at 561-745-5800.



MEMBERSHIP DIRECTORY FORM 2017-2018

The Club at Admirals Cove Membership Directory contains all members and their Admirals Cove address, and additional information provided in the Directory is only included by consent from the member. In accordance with the Club rules, members may not share the Directory with non-members or use the information for solicitations.

Changes to or removal of the "optional information" from the printed Directory shall be made by notifying the Membership Office by way of email, fax or mail and information will be changed or removed on the next scheduled print.

Please review your information listed in the current directory carefully. Should you have any changes, additions or deletions please complete the form in order to update the Membership Directory.

In an effort to continue to improve member service, we are asking that all members have current photos on file. A digital photo, face only without sunglasses or hats, may be emailed to Theresa Reineman, Member Relations Manager at treineman@admiralscove.net. If you are unsure if your photo is on file please contact Theresa at 561-745-5940.

If you have already responded to these requests, thank you for your participation and cooperation.

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Required Information:			
Name(s)			
Admirals Cove Street Address:			
Mailing or Away Address:			
Optional Information:			
Local Phone:	Away Phone:		
Cell Phone:	Cell Phone:		
Email Address:			
Email Address:			
I have reviewed my 2017/2018 Ma appropriate changes, if any.	embership Directory information listed	above and have made	
Signature:	Date:		
Member #:			
☐ Check this box if you wish to maintain your email as private and <u>DO NOT</u> want it printed in the Membership Directory for other Members to see.			
Email: treinemoFax: 561-745-58	·		
• Maii: 200 Aamir	als Cove Blvd. Attn: Theresa Reinema	n, Jupiler, FL 334//	
Membership Office Only Directory Updated	Update Northstar	Initial/Date	

PLACE FIRST CLASS POSTAGE HERE

THE CLUB AT **COVE**

Attn: Theresa Reineman 200 Admirals Cove Blvd. Jupiter, FL 33477