



**PLANTATION
PRESERVE**

Date: _____

- Individual Membership
 Family Membership
 Junior Membership

Member's Name(s): _____ Member's Birth Date _____

Spouse's Name _____ Spouse's Birth Date _____

Eligible Dependents (under the age of 24): _____

Home Address: _____

City, State, Zip _____

Telephone Number: _____ Cell: _____

Work: _____ Fax Number: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Telephone Number: _____

Alt. Name: _____ Telephone Number: _____

Medical Condition(s) known (opt): _____

PAYMENT METHOD

I understand that I am pre-paying my Annual Dues in full for the aforementioned membership for the fee of: \$ _____

Bag Storage: \$100.00 per bag (optional): \$ _____

Locker: \$60.00 (optional): \$ _____

Unlimited Range Ball Program (optional): \$ _____

+ 6% Florida Sales Tax: \$ _____

Total: \$ _____

PAYMENT

Cash Credit Card (complete below) Check Bank: _____ #: _____ Amount: _____

Credit Card Information: VISA MC AMEX

Card Number: _____ Expiration Date: _____

Name Printed on Card: _____



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GENERAL CONTRACT CONDITIONS

I understand that upon purchase of membership in Plantation Preserve Golf Course & Club, I will abide by the Bylaws of Plantation Preserve Golf Course & Club, and all rules and regulations set forth by the City and its management consultant, Guidant Management Group, LLC.

Applicant's Signature _____ Date: _____

ACCEPTANCE OF RISK

I hereby acknowledge that the use of the Club facilities and any privileges or service incident to Membership is undertaken with knowledge of risk of possible injury. I hereby accept any and all risk of injury that myself, my guests and/or my family may sustain while using the Club facilities or being involved in any event or activity incident to Membership in Plantation Preserve Golf Course & Club. Furthermore, I release, indemnify, and hold harmless the City of Plantation, Guidant Management Group, LLC, their successors and assigns, their respective officials, governing body members, board members, and committee members, directors, officers, partners, shareholders, and employees (herein, the "Indemnitees") from any and all loss, claims, injury, damage or liability sustained or incurred by me, my guests, my family, or all of the foregoing resulting from or arising out of any conduct or event connected with the use of the facilities, except to the extent such loss, claims, injury, damage, or liabilities were proximately caused by the negligence of the Indemnitees.

Applicant's Signature _____ Date: _____

BYLAWS

I hereby acknowledge receipt of Plantation Preserve Golf Course & Club Membership Bylaws and that I have read and understand them and agree to be bound by the terms and conditions thereof as the same may be amended from time to time by the Club.

Applicant's Signature _____ Date: _____

CLUB MEMBERSHIP ROSTER LISTING

With a membership at Plantation Preserve Golf Course & Club you have the option to have your name (together with spouses), address and phone number, birth date and anniversary date, as detailed above, to be listed in the upcoming roster, which is made available to all club members. Please check the space below if you would or would not like to take advantage of this option:

Yes, please list my information in the Membership Roster No, do not list my information in the Membership Roster

(Unless changes are received by December 1, they will be published as shown.)

For Office Use Only

Member Name: _____ Member ID: _____ Date: _____

Membership Desired: _____ Amount of Membership: \$ _____

Bag Storage Fee: \$ _____ Locker Fee: \$ _____ Handicap Fee: \$ _____ Range Program \$ _____ Range Booklet \$ _____

Tax (6.0%): \$ _____

Total Received: \$ _____ Received by: _____ Date: _____