



Date: _____

Corporate Membership

4 people 5-7 people 8 or more

Contact Name: _____

Business Name: _____

Business Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail: _____

Tax ID #: _____

CORPORATE MEMBERSHIP MEMBERS

--Fill out below ONLY if purchasing a NON-TRANSFERABLE Corporate Membership (Must designate each member)

Member Name #1: _____ Address: _____ Phone #: _____

Member Name #2: _____ Address: _____ Phone #: _____

Member Name #3: _____ Address: _____ Phone #: _____

Member Name #4: _____ Address: _____ Phone #: _____

Member Name #5: _____ Address: _____ Phone #: _____

Member Name #6: _____ Address: _____ Phone #: _____

Member Name #7: _____ Address: _____ Phone #: _____

Member Name #8: _____ Address: _____ Phone #: _____

Member Name #9: _____ Address: _____ Phone #: _____

Member Name #10: _____ Address: _____ Phone #: _____

AMENITIES / TOTAL

Email #1: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #2: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #3: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #4: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #5: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #6: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #7: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #8: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #9: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

Email #10: _____ Bag Storage: _____ Locker: _____ Range: _____ Tax: _____ Total: _____

PAYMENT

Name/Total #1: _____ Payment: _____ Signature: _____

Name/Total #2: _____ Payment: _____ Signature: _____

Name/Total #3: _____ Payment: _____ Signature: _____

Name/Total #4: _____ Payment: _____ Signature: _____

Name/Total #5: _____ Payment: _____ Signature: _____

Name/Total #6: _____ Payment: _____ Signature: _____

Name/Total #7: _____ Payment: _____ Signature: _____

Name/Total #8: _____ Payment: _____ Signature: _____

Name/Total #9: _____ Payment: _____ Signature: _____

Name/Total #10: _____ Payment: _____ Signature: _____



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 initial in 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

Business Name: _____ Tax ID: _____ Date: _____

Contact Name: _____ Contact Phone Number: _____

25 % Transferable Fee: \$ _____ Bag Storage Fee: \$ _____ Locker Fee: \$ _____ Range Membership: \$ _____

Amount Received (before tax): \$ _____

Tax (6.0%): \$ _____

Total Amount Received: \$ _____

Total Received: _____ **Received by:** _____ **Date:** _____