

MEMBERSHIP



APPLICATION

RESIDENT
 NON RESIDENT
 INTERMEDIATE
 MILITARY
 EXECUTIVE
 CORPORATE

Candidate Name (Please circle Mr / Mrs / Ms / Dr / Hon)	Date of Birth / /
Social Security Number	Email Address
Company Name	Type of Business
Title	Business Phone
Business Address	City, State, ZIP
Home Address	City, State, ZIP
Home Phone	Mobile Phone
Spouse / Other (please circle Mr / Mrs / Ms / Dr / Hon)	Wedding Date (please include year) / /
Date of Birth / /	Email Address
Company	Title

THE REASONS I WISH TO BE A MEMBER OF THE TAMPA CLUB ARE (please check all that apply)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Fine dining | <input type="checkbox"/> Location/convenience | <input type="checkbox"/> Social networking | <input type="checkbox"/> Reciprocal clubs |
| <input type="checkbox"/> Entertaining clients | <input type="checkbox"/> Wine events | <input type="checkbox"/> Cigar events | <input type="checkbox"/> Cooking Classes |
| <input type="checkbox"/> Golf access | <input type="checkbox"/> New business contacts | <input type="checkbox"/> Office away from office | <input type="checkbox"/> Other (please describe) |

DEPENDENTS ARE UNMARRIED CHILDREN, UNDER AGE 21, RESIDING AT HOME

Name	Date of Birth		
_____	___ / ___ / ___	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	___ / ___ / ___	<input type="checkbox"/> M	<input type="checkbox"/> F
_____	___ / ___ / ___	<input type="checkbox"/> M	<input type="checkbox"/> F

Tampa Bay Community and Club Benefits membership provides access to all Community clubs in Tampa Bay and Clubcorp Clubs throughout the United States and the world. Fees and dues are subject to change without notice at the sole discretion of Community Management, Inc. I certify that as a member in good standing of the Tampa Club, I agree to pay the charges I incur at Tampa Bay Community clubs or Clubcorp clubs, which will be added to my monthly Tampa Club statement and are payable upon receipt. I agree to conform to and be bound by the Bylaws, Rules & Regulations of Tampa Bay Community clubs, which may be amended from time to time. I authorize Community Management, Inc. to check my credit and employment history and to obtain the information deemed necessary to extend credit to me at Tampa Bay Community clubs.

YES, I want to be a member of Tampa Bay Community and Club Benefits for \$30/month.

MINIMUM TERM

I agree to pay the minimum term in membership dues for one year in my membership category.

_____ I have read and understand the minimum term.

INITIATION FEE

The one time, non-refundable initiation fee for my membership category is \$ _____.

_____ I have read and understand the initiation fee.

SERVICE FEE

Members can choose between a \$30/month service fee which covers all gratuities on food & beverage purchases for the month excluding private events or a 20% service fee that is automatically added to each food and beverage purchase which covers gratuities. Members can always add an additional gratuity if they desire. Service fees on private events may differ.

\$30/month service fee

20% food and beverage service fee each time

_____ I have read and understand the service fee.

RESIGNATION

After satisfying the minimum term in membership dues in my membership category, I may resign from the Tampa Club by giving written notice. I must be current in all financial obligations owed to the Club. Receipt of written notice must be confirmed by the Tampa Club and will be effective on the last day of the month following the month in which the written notice is provided to the Club. All dues and charges for which I am liable are due upon my date of resignation and will be charged to my credit card. I am entitled to use Club facilities until final day of official termination.

_____ I have read and understand the resignation policy.

BILLING EMAIL

I will pay my bill each month automatically by credit card.

Card Number	Expiration	CSID	Billing ZIP
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I will pay my bill each month by check. I understand that my card will be charged if my balance becomes more than 30 days past due.

Card Number	Expiration	CSID	Billing ZIP
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I hereby apply for membership in the Tampa Club. I agree to abide by the Rules & Bylaws of the Tampa Club. I agree to pay when due all charges incurred by me and my guests. I authorize the Tampa Club to check my credit and obtain the information deemed necessary to extend credit to me. I also understand that any balance greater than 30 days past due will automatically be transferred to my credit card. If the Tampa Club takes legal action to collect money due from me, it is entitled to recover all costs it incurs in undertaking the legal action, including attorneys' fees. The venue for legal action is the circuit courts in and for Hillsborough County, Florida. I hereby irrevocably consent to personal and subject matter jurisdiction in the aforementioned courts for resolving any disputes between the Tampa Club and me.

Signature of Applicant	Date
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Name of Sponsor

OFFICE USE ONLY			
Credit Accounts	Member Number	Amount	Approved By
	Member Number	Amount	Approved By
	Member Number	Amount	Approved By