



Dear Members,

It's time to renew your membership at **Oriole Golf Club**! We're excited to share what's new and to welcome you back for another great season of golf and camaraderie.

Course & Clubhouse Updates

The course is in excellent condition. Our maintenance team has been hard at work to ensure great playing surfaces all year long. We feel that the golf course has never been better going into the season. Installation of a new clubhouse roof should be completed by early November.

Membership Renewal Details

Membership is limited to 100 members once again this season. Don't wait; spots will go fast. **Renew by November 10, 2025**, to guarantee your place. Out of state/country members will need to notify the Golf Shop of their intent to renew by the **November 10th** deadline.

Membership Type	Single	Family
Full Membership	\$1,700 +tax	\$2,200 +tax
Limited Playing Membership (Before 8:00 am & after 11:30 am) (Weekends/Holidays only after 11:30)	\$1,400 +tax	\$1,800 +tax
All players required to lease electric cart	Cart Fees: \$25.23+tax	Cart Fees: \$25.23 +tax

Note: \$300 +tax initiation fee for new or lapsed members

How to Renew

- Bring your membership application and payment into the Golf Shop starting October 27, 2025
- Preferred payment method is cash or check; credit card payment will have an additional 5% charge
- Call the Golf Shop at (954) 972-8140

On behalf of the entire staff here at Oriole, we appreciate your continued support and look forward to another fantastic season together. Don't miss out – with only **100 memberships available**, now is the time to secure your spot.

Sincere regards,

Jack Shoenfelt
Oriole Golf Club

- **ALL MEMBERSHIP, CART AND GREEN FEES ARE SUBJECT TO 7% FLORIDA SALES TAX**
- **ALL MEMBERSHIP, CART AND GREEN FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE**

MEMBERSHIP APPLICATION

I am applying for membership as indicated:

FULL

LIMITED

SINGLE OR FAMILY

SINGLE OR FAMILY

NAME: _____ DOB: _____

NAME OF SPOUSE: _____ DOB: _____

ADDRESS: _____

PHONE: _____ CELL PHONE: _____

F-MAIL: _____

OCCUPATION: _____

In making this request for membership, I agree to comply with the rules and regulations as they are in effect now, or as they may be changed from time to time. I understand that any violation could result in my membership being cancelled and membership fee returned. When requested, I will present proper identification. Fees shall be returned upon the rejection of an application. Any purchases or other costs connected with the use of the club's facilities will be paid for on a current and cash basis. Any false statements on this application will be justification for cancellation of membership. I understand that no credits or extensions will be given against membership fees for the non-use of facilities due to illness and/or other circumstances.

DATE: _____ SIGNATURE: _____

SPOUSE: _____

Full single membership: \$1819.00 tax included

Full family membership: \$2354.00 tax included

Limited single membership: \$1498.00 tax included

Limited family membership: \$1926.00 tax included

FOR GOLF SHOP ONLY:

DATE PAID: _____

AMOUNT PAID: _____

TYPE OF PAYMENT:

GUEST PASS ISSUED