



MEMBERSHIP FEE SCHEDULE

December 1, 2026 through November 30, 2027

FULL MEMBERSHIP:

SINGLE

FAMILY

(Two Immediate Family Members)

Annual:

\$1800 +tax

\$2300 +tax

A **\$300+tax** one-time registration fee is required for **NEW** Full Membership. If membership is allowed to lapse, another registration fee will be required. Full members may play 18 holes at any time.

LIMITED PLAYING MEMBERSHIP:

SINGLE

FAMILY

(Two Immediate Family Members)

Annual:

\$1500 +tax

\$1900 +tax

Limitations:

Summer (May-October):

Weekdays-All day/Anytime

Weekends/Holidays-After 11:30 am

Winter (November-April):

Weekdays-Before 8:00 am & After 11:30 am

Weekends/Holidays-After 11:30 am

A **\$300+tax** one-time registration fee is required for **NEW** Limited Playing Membership. If membership is allowed to lapse, another registration fee will be required. Limited members 18 hole play is outlined above.

CART FEES:

18 HOLES PER PERSON:

\$25.23+tax (\$27)

9 HOLES PER PERSON:

\$15.89+tax (\$17)

****All players are required to use electric carts****

**All membership, cart and green fees are subject to 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:** _____

E-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. My membership runs for 12 months from the date I pay. The club may cancel my membership for any violation or other reason. If the club cancels my membership, the club will refund the unused full months of my membership fee as my exclusive remedy. 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:	\$1926.00 tax included
Full family membership:	\$2461.00 tax included
Limited single membership:	\$1605.00 tax included
Limited family membership:	\$2033.00 tax included

FOR GOLF SHOP ONLY:

DATE PAID: _____ **TYPE OF PAYMENT:** _____

AMOUNT PAID: _____ **GUEST PASS ISSUED:** _____