

**GALILEE BEACH CLUB ASSOCIATION**  
**2017 Membership Application**

**Check one:**     Renewal - Member #: \_\_\_\_\_     New Member \_\_\_\_\_

If applicable: Apartment# \_\_\_\_\_ Cabana # \_\_\_\_\_ Bathhouse # \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age Bracket:** \_\_\_\_\_

The brackets are: 20s, 30s, 40, 50s, 60s, 70s, 80+. THIS QUESTION IS OPTIONAL, but helpful to the club.

**Spouse/Significant Other:** \_\_\_\_\_ **Age Bracket:** \_\_\_\_\_

**Dependent Children Living with you under age 22: (List names and ages):**

**Proof of age (driver's license or birth certificate) is required for all dependent children over age 18**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**PERMANENT ADDRESS:**

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**MAILING ADDRESS (if different):**

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of an emergency please contact \_\_\_\_\_

	SEASONAL FEES	*SHAREHOLDER/ ASSOCIATE FEES	ENTER \$ AMOUNT
<b>NEW MEMBER APPLICATION FEE</b>	<b>\$500</b>		
<b>BASE MEMBERSHIP</b>			
[1] Single	\$1855	\$1390	
[2] Family	\$2210	\$1655	
[3] Weekday members	\$1355	N/A	
[4] Dining Members- (no discount)	\$250	N/A	
<b>DISCOUNT – SHAREHOLDER CHILD</b>			
Age 30 & under	N/A	50% off Base	(            )
Age 31-39	N/A	25% off Base	(            )
<b>OTHER ADD-ON FEES</b>			
Caregiver/Significant Other	\$350	\$315	
Dependent Child	\$190	\$170	
Standard Bathhouse	\$410	\$365	
Large Bathhouse	\$645	\$580	
<b>Cabanas/Apartments</b>			
Small Cabanas: 1,2,5,6,7,8, 15, 16, 19, 20	\$2,235	\$2,010	
Double Cabana: 17,18	\$5,680	\$5,110	
Double Cabana: 3, 4	\$5,895	\$5,305	
Double Cabana 11, 12	\$6,025	\$5,420	
Double Cabana 13	\$6,225	\$5,600	
Double Cabana 10	\$6,485	\$5,835	
Apartment:-21, 23	\$8,435	\$7,590	
Apartment 22	\$10,125	\$9,110	
221 Sandhill Cove [June 1-August 31]	\$15,600	\$14,000	
<b>Additional Vehicle (Cabanas/Apts Only)</b>	<b>\$161</b>	<b>\$145</b>	

<b>TOTAL FEES (sum of all previous lines)</b>			
Less 2% Credit, if paying in full			( )
Plus 3% Charge, if paying by credit card			
<b>TOTAL BALANCE DUE (A)</b>			
DEPOSITS: \$350 (\$500 for Cabanas, \$1000 for Apartments) (B)			( )
NET BALANCE DUE AFTER DEPOSIT (to be paid in three equal installments) (C)			
<b>TOTAL BALANCE DUE, IF PAYING IN FULL BY DECEMBER 1st (A)</b>			

**PAYMENT SCHEDULE – check or money order (please no cash) should be made payable to “Galilee Beach Club Association”. Members will lose add-ons (bathhouses, cabanas, etc) to applicants on the wait list, if payment dates are missed. Shareholders will lose their discounts, if payment dates missed.**

	<b>Date Due (Must be Received by)</b>	<b>Amount from Membership Application Line</b>	
All Deposits Due (unless paying in full)	12/1/16	(B)	\$
Full payment (less 2% discount)	12/1/16	(A)	\$
1 <sup>st</sup> 1/3 <sup>rd</sup> of Net Balance Due	1/15/17	(C)	\$
2 <sup>nd</sup> 1/3 <sup>rd</sup> of Net Balance Due	2/15/17	(C)	\$
3 <sup>rd</sup> 1/3 <sup>rd</sup> of Net Balance Due	3/15/17	(C)	\$
Food Minimum:- Single/Weekday/Dining Memberships \$300	5/1/17		\$
Family/Single with Significant Other Membership \$600			
Family Membership with Significant Other \$900			

**If new to the Galilee Beach Club, please provide two references:**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Your signature below indicates you have read the policy manual and agree with the terms described above and all other rules and regulations of the Galilee Beach Club Association. Note: Membership applications are not official unless signed by the applicant(s) (both spouses) and accepted by GBC Board of Directors.**

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Accepted by GBC Officer \_\_\_\_\_ Date \_\_\_\_\_

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**IF PAYING IN FULL (A) OR IF PAYING YOUR INITIAL DEPOSIT BY CREDIT CARD (B), PLEASE PROVIDE THE FOLLOWING INFORMATION AND SIGN WHERE INDICATED**

Check type of credit card being used: Please charge my ( ) VISA ( ) MASTERCARD ( ) DISCOVER ( ) AMERICAN EXPRESS or ( ) \_\_\_\_\_ other credit card in the amount of \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION \_\_\_\_\_ / \_\_\_\_\_ CSC \_\_\_\_\_  
Month / Year

X \_\_\_\_\_  
Signature Date

**Mail completed application with payment:  
Galilee Beach Club Association  
Attn: Membership Committee  
P.O. Box 5627  
Wakefield, RI 02880-5627**

**Do not mail to club address**

**Completed applications and questions may also be emailed to  
Membership@galileebeachclub.com**

**IF PAYING IN 3 INSTALLMENTS BY CREDIT CARD (C) PLEASE USE THESE ADDITIONAL COUPONS FOR YOUR SUBSEQUENT PAYMENTS AND PROVIDE THE FOLLOWING INFORMATION**

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**(B) PAYMENT #1: DUE ON OR BEFORE 01/15/2017\***

PLEASE PROVIDE THE FOLLOWING INFORMATION, AND SIGN WHERE INDICATED.

Check type of credit card being used: Please charge my ( ) VISA ( ) MASTERCARD ( ) DISCOVER ( ) AMERICAN EXPRESS  
or ( ) \_\_\_\_\_ other credit card in the amount of \$ \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION \_\_\_\_\_ / \_\_\_\_\_ CSC \_\_\_\_\_  
Month / Year

X \_\_\_\_\_  
Signature Date

\*NOTE: Members will lose add-ons (bathhouses, cabanas, etc.) to applicants on the wait list, if payment dates are missed. Shareholders will lose their discounts, if payment dates missed.

Mail your payment to:

Galilee Beach Club Association, Attn: Membership Committee, P.O. Box 5627, Wakefield, RI 02880-5627

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**(B) PAYMENT #2: DUE ON OR BEFORE 02/15/2017\***

PLEASE PROVIDE THE FOLLOWING INFORMATION, AND SIGN WHERE INDICATED.

Check type of credit card being used: Please charge my ( ) VISA ( ) MASTERCARD ( ) DISCOVER ( ) AMERICAN EXPRESS  
or ( ) \_\_\_\_\_ other credit card in the amount of \$ \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION \_\_\_\_\_ / \_\_\_\_\_ CSC \_\_\_\_\_  
Month / Year

X \_\_\_\_\_  
Signature Date

\*NOTE: Members will lose add-ons (bathhouses, cabanas, etc.) to applicants on the wait list, if payment dates are missed. Shareholders will lose their discounts, if payment dates missed.

Mail your payment to:

Galilee Beach Club Association, Attn: Membership Committee, P.O. Box 5627, Wakefield, RI 02880-5627

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**(B) PAYMENT #3 (FINAL PAYMENT) DUE ON OR BEFORE 03/15/2017\***

PLEASE PROVIDE THE FOLLOWING INFORMATION, AND SIGN WHERE INDICATED

Check type of credit card being used: Please charge my ( ) VISA ( ) MASTERCARD ( ) DISCOVER ( ) AMERICAN EXPRESS ;  
or ( ) \_\_\_\_\_ other credit card in the amount of \$ \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXPIRATION \_\_\_\_\_ / \_\_\_\_\_ CSC \_\_\_\_\_  
Month / Year

X \_\_\_\_\_  
Signature Date

\*NOTE: Members will lose add-ons (bathhouses, cabanas, etc.) to applicants on the wait list, if payment dates are missed. Shareholders will lose their discounts, if payment dates missed

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