

GALILEE BEACH CLUB ASSOCIATION
2018 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:** _____

Single, never married, dependent children living with you ages 22 to 28: (List names and ages and see "Other Add-On Fees" below)

Dependent children living with you age 21 or under are included in a Family Membership: (List names and ages):

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

NOTE: Determination of your membership type, is dependent on your age, family, or marital status as of the opening day of the upcoming season.

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
NEW MEMBER APPLICATION FEE	\$500		
BASE MEMBERSHIP			
[1] Single	\$1,895	\$1,420	
[2] Family	\$2,255	\$1,690	
[3] Weekday members	\$1355	N/A	
[4] Dining Members (no 2% discount)	\$250	N/A	
OTHER ADD-ON FEES			
Caregiver/Significant Other	\$360	\$270	
Dependent Child (Fee/child ages 22-28)	\$195	\$175	
Standard Bathhouse	\$420	\$375	
Large Bathhouse	\$660	\$595	
Cabanas/Apartments			
Small Cabanas: 1,2,5,6,7,8, 15, 16, 19, 20	\$2,280	\$2,050	
Double Cabana: 17,18	\$5,795	\$5,215	
Double Cabana: 3, 4	\$6,015	\$5,415	
Double Cabana: 11, 12	\$6,150	\$5,530	
Double Cabana 13	\$6,350	\$5,715	
Double Cabana 10	\$6,615	\$5,955	
Apartments: 21, 23	\$8,605	\$7,745	
Apartment 22	\$10,330	\$9,295	
221 Sandhill Cove [June 1-August 31]	\$15,600	\$14,000	
Additional Vehicle (Cabanas& Apts Only)	\$165	\$150	

DISCOUNT – SHAREHOLDER CHILD			
Age 30 & under	N/A	50% off Base	()
Age 31-39	N/A	25% off Base	()
TOTAL FEES (sum of all previous lines)			
Less 2% Credit, if paying in full			()
Plus 3% Charge, if paying by credit card			
TOTAL BALANCE DUE (A)			
DEPOSITS: \$350 (\$500 for Cabanas, \$1000 for Apartments) (B)			()
NET BALANCE DUE AFTER DEPOSIT (to be paid in three equal installments) (C)			
TOTAL BALANCE DUE, IF PAYING IN FULL BY DECEMBER 1st (A)			

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.

	Date Due (Must be Received by)	Amount from Membership Application Line	
All Deposits Due (unless paying in full)	12/1/17	(B)	\$
Full payment (less 2% discount)	12/1/17	(A)	\$
1st 1/3rd of Net Balance Due	1/15/18	(C)	\$
2nd 1/3rd of Net Balance Due	2/15/18	(C)	\$
3rd 1/3rd of Net Balance Due	3/15/18	(C)	\$
Food Minimum:	5/01/18		\$
Single/Weekday/Dining Memberships \$300			
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 _____

IF PAYING IN FULL (A) BY CREDIT CARD **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's street address, use PO Box 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 01/15/2018*

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 02/15/2018*

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 03/15/2018*

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