

**GALILEE BEACH CLUB ASSOCIATION
2019 MEMBERSHIP RENEWAL**

NAME: _____ (optional but helpful) CIRCLE AGE BRACKET 20'S 30'S 40'S 50'S 60'S 70'S 80+
 SPOUSE: _____ (optional but helpful) CIRCLE AGE BRACKET 20'S 30'S 40'S 50'S 60'S 70'S 80
 MEMBER NUMBER: _____ CABANA NUMBER: _____ BATH HOUSE NUMBER: _____

PLEASE LIST ALL CHILDREN LIVING AT HOME YOU WISH TO INCLUDE FOR MEMBERSHIP
 Dependent children living with you age 21 and under are included in a family membership,
 PROOF OF AGE REQUIRED FOR DEPENDENT CHILDREN 18 AND OLDER
 Ages 22 to 28 will be charged an additional fee if added to membership (see add on fees below)

Name: _____ D.O.B. _____ Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____ Name: _____ D.O.B. _____
 Name: _____ D.O.B. _____ Name: _____ D.O.B. _____

CHANGE IN ADDRESS OR PHONE NUMBER? PLEASE EMAIL: <MANAGER@GALILEEBEACHCLUB.COM>

	SEASONAL FEES	*SHAREHOLDER/ ASSOCIATE FEES	ENTER \$ AMOUNT
BASE MEMBERSHIP			
[1] Single	\$1,935	\$1,450	
[2] Family	\$2,300	\$1,725	
[3] Weekday members	\$1,385	N/A	
[4] Dining Members- (no discount)	\$350	N/A	
DISCOUNT – SHAREHOLDER CHILD			
Age 30 & under	N/A	50% off Base	()
Age 31-39	N/A	25% off Base	()
OTHER ADD-ON FEES			
Caregiver/Significant Other	\$365	\$275	
Dependent Child	\$200	\$180	
Standard Bathhouse	\$430	\$385	
Large Bathhouse	\$680	\$610	
Small cabana:1, 2, 5, 6, 7, 8, 15, 16, 19, 20	\$2,330	\$2,095	
Double Cabana: 17,18	\$5,915	\$5,320	
Double Cabana: 3,4	\$6,140	\$5,525	
Dune Side Cabana: 10	\$6,750	\$6,075	
Dunes Side Cabanas: 11 and 12	\$6,270	\$5,640	
Dunes Side Cabana: 13	\$6,480	\$5,830	
Apartments: 21, 23	\$8,780	\$7,900	
Apartment 22	\$10,535	\$9,480	
221 Sandhill Cove [June 1-August 31]	\$15,600	\$14,000	
Additional Vehicle (Cabanas/Apt Only)	\$175	\$155	
TOTAL FEES (sum of all previous lines)(A)			
Less 2% Credit, if paying in full (B)			()
Plus 3% Charge, if paying by credit card (C)			
TOTAL BALANCE DUE (D)			

ALL PAYMENTS MADE WITH CHECK OR CREDIT CARD (NO CASH ACCEPTED)

PLEASE CHECK THE APPROPRIATE PAYMENT OPTION BELOW

FULL PAYMENT BY DECEMBER 1, 2018

___ I AM ENCLOSING A CHECK FOR TOTAL OF FULL PAYMENT WITH 2% CREDIT (LINES A +B = LINE D)

___ PLEASE CHARGE MY CREDIT CARD FOR TOTAL OF FULL PAYMENT PLUS 3% CARD FEE LINES A +B+C = LINE D)

DEPOSIT ONLY BY DECEMBER 1, 2018

___ I AM ENCLOSING A CHECK FOR \$350 DEPOSIT FOR MY 2019 MEMBERSHIP

___ PLEASE CHARGE MY CREDIT CARD FOR \$350 DEPOSIT FOR MY 2019 MEMBERSHIP PLUS 3% CREDIT CARD FEE

___ I AM ENCLOSING A CHECK FOR \$500 DEPOSIT FOR MY CABANA/\$1000 FOR MY APARTMENT RENTAL AND 2019 MEMBERSHIP

___ PLEASE CHARGE MY CREDIT CARD FOR \$500 DEPOSIT FOR MY CABANA//\$1000 FOR MY APARTMENT RENTAL AND 2019 MEMBERSHIP PLUS 3% CREDIT CARD FEE

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 MONTH _____/YEAR _____ CID _____

Signature _____ Date _____

REMAINING BALANCE DUE AFTER DEPOSIT IS TO BE PAID IN 3 INSTALLMENTS BY CHECK OR CREDIT CARD

FIRST INSTALLMENT DUE BY 1/15/19 (circle one) please bill above credit card I will send a check

SECOND INSTALLMENT DUE 2/15/19 (circle one) please bill above credit card I will send a check

THIRD INSTALLMENT DUE BY 3/15/19 (circle one) please bill above credit card I will send a check

FOOD AND BEVERAGE MINIMUM DUE BY MAY 1, 2019

SINGLE MEMBERSHIP \$300

FAMILY MEMBERSHIP \$600

WEEKDAY MEMBERSHIP \$300

DINING MEMBERSHIP \$300

SIGNIFICANT OTHER, CAREGIVER, DEPENDENT CHILDREN \$300 (EACH)

FOOD MINIMUM DUE BY 5/1/19 (circle one) please bill above credit card I will send a check

Your signature below indicates you have read the Policy Manual, Code of Conduct 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 if MARRIED COUPLE) and accepted by GBC Board of Directors.

Member Signature _____ Date _____

Member Signature _____ Date _____

Accepted by GBC Officer _____ Date _____

Yes! Please include my information in the 2019 GBC Member Directory. **Select what information you would like included:**

Adult Name(s): _____

Permanent Address: _____

Phone #: _____

Cell Phone #: _____

Email: _____

Children with name and ages: _____

Children without ages: _____

No thanks. I do not want to be included in the Member Directory.

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