

**GALILEE BEACH CLUB ASSOCIATION**  
**2019 NEW MEMBERSHIP APPLICATION**

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+

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. \_\_\_\_\_

**PLEASE NOTE: YOUR AGE, FAMILY OR MARITAL STATUS IS DETERMINED AS OF 6-16-19**

Permanent street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing address if different: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Land line: \_\_\_\_\_ Cell phone#1: \_\_\_\_\_ Cell Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PLEASE LIST TWO REFERENCES

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<u>BASE MEMBERSHIP:</u>	<u>FEES</u>	<u>ENTER AMOUNT</u>
1. Single	\$1935	_____
2. Family	\$2300	_____
3. Weekday (single or family same)	\$1385	_____
4. Dining (single or family same)	\$350	_____

OTHER ADD-ONS:

- 1. Care Giver/Significant other (subject to approval of BOD) \$365 \_\_\_\_\_
- 2. Name of care giver/significant other: \_\_\_\_\_
- 3. Dependent Child Fee (22 to 28) \$200 (EACH) \_\_\_\_\_

TOTAL OF YEARLY FEES FROM ABOVE \_\_\_\_\_ LINE A \_\_\_\_\_

**OPTION 1.** FULL PAYMENT OF YEARLY FEES DUE 12/1/18 (DEDUCT 2% FROM PREVIOUS LINE A) B \_\_\_\_\_

**OPTION 2.** \$350 DEPOSIT DUE 12/1/18 C \_\_\_\_\_

ADD NEW MEMBER APPLICATION FEE:

BEACH MEMBERSHIP	\$500.00
DINING MEMBERSHIP	\$250.00

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

**PLEASE CHECK THE APPROPRIATE PAYMENT OPTION BELOW**

**FULL PAYMENT**

       I AM ENCLOSING A CHECK FOR TOTAL OF FULL PAYMENT (LINE B) WITH MY APPLICATION FEE

       PLEASE CHARGE MY CREDIT CARD FOR TOTAL OF FULL PAYMENT (LINE B) WITH MY APPLICATION FEE PLUS 3% CARD FEE

**DEPOSIT ONLY**

       I AM ENCLOSING A CHECK FOR \$350 DOWN PAYMENT (LINE C) WITH MY APPLICATION FEE

       PLEASE CHARGE MY CREDIT CARD FOR \$350 DEPOSIT WITH MY APPLICATION FEE PLUS 3% 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 FROM OPTION 2 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 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) (MARRIED COUPLE) and accepted by GBC Board of Directors.

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

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

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

**Mail completed application to:**

**Galilee Beach Club**

**PO Box 5627**

**Wakefield, RI 02880**

**Or email to:**

**membership@galileebeachclub.com**

**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.