

GALILEE BEACH CLUB ASSOCIATION
2020 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. _____

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PLEASE NOTE: YOUR AGE, FAMILY OR MARITAL STATUS IS DETERMINED AS OF FATHER'S DAY

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: _____

Have you or any family member ever previously been a member of the Galilee beach Club? _____

If so, please state the member's name and year of membership: _____

Your signature below indicates you have read the Policy Manual, Code of Conduct, (available on the website) 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 the GBC Board of Directors.

Member Signature _____ Date _____

Member Signature _____ Date _____

Accepted by GBC Officer _____ Date _____

BASE MEMBERSHIP _____ APPLICATION FEE - CIRCLE ONE

- | | |
|---------------------------|-----------------------|
| 1. Single | \$500 application fee |
| 2. Family | \$500 application fee |
| 3. Weekday (Single) | \$500 application fee |
| 4. Weekday (Family) | \$500 application fee |
| 5. Dining (Single/Family) | \$350 application fee |

I AM ENCLOSING A CHECK FOR \$ _____ FOR MY APPLICATION FEE WITH THIS APPLICATION

Mail completed application to:

Galilee Beach Club

PO Box 5627

Wakefield, RI 02880

Or email to:

membership@galileebeachclub.com

**UPON APPROVAL OF APPLICATION YOU WILL BE CONTACTED BY THE
MEMBERSHIP COMMITTEE WITH OPTIONS FOR PAYMENT OF YEARLY DUES**

**FOR QUESTIONS REGARDING APPLICATION PLEASE EMAIL
MANAGER@GALILEEBEACHCLUB.COM**

**Please fill out the following table and submit with your application
Retain a copy for your records, payment due upon approval of application
You will receive details and options for payment with welcome letter**

<u>BASE MEMBERSHIP</u>	<u>FEEES</u>	<u>ENTER \$ AMOUNT</u>
1. Single	\$1975	_____
2. Family	\$2350	_____
3. Weekday (Single)	\$1410	_____
4. Weekday (Family)	\$1680	_____
5. Dining (Single or Family)	\$375	_____
OTHER ADD-ONS:		
1. Care Giver/Significant other (subject to approval of BOD) \$370 Name of care giver/significant other: _____		_____
2. Dependent Child Fee (22 to 28) \$205 (EACH)		_____
TOTAL OF YEARLY FEES FROM ABOVE		_____

NOTE: UPON ACCEPTANCE, DEPOSIT DUE BY DECEMBER 1, 2019. REMAINING BALANCE CAN BE PAID IN 3 INSTALLMENTS BY CHECK OR CREDIT CARD:

FIRST INSTALLMENT DUE BY 1/15/20
SECOND INSTALLMENT DUE 2/15/20
THIRD INSTALLMENT DUE BY 3/15/20

FOOD AND BEVERAGE MINIMUM DUE BY MAY 1, 2020

SINGLE MEMBERSHIP	\$300
FAMILY MEMBERSHIP	\$600
WEEKDAY MEMBERSHIP (SINGLE OR FAMILY)	\$300
DINING MEMBERSHIP	\$300
SIGNIFICANT OTHER, CAREGIVER, DEPENDENT CHILDREN	\$300 (EACH)