

**GALILEE BEACH CLUB ASSOCIATION**  
**2022 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. \_\_\_\_\_

**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](mailto: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	\$2355	_____
2. Family	\$2748	_____
3. Weekday (Single)	\$1775	_____
4. Weekday (Family)	\$2050	_____
5. Dining (Single or Family)	\$500	_____
<b>OTHER ADD-ONS:</b>		
1. Care Giver/Significant other (subject to approval of BOD) \$385 Name of care giver/significant other: _____		_____
2. Dependent Child Fee (22 to 28) \$215 (EACH)		_____
<b>TOTAL OF YEARLY FEES FROM ABOVE</b>		_____

NOTE: UPON ACCEPTANCE, DEPOSIT DUE BY January 1, 2022. REMAINING BALANCE CAN BE PAID IN 3 INSTALLMENTS BY CHECK OR CREDIT CARD:

FIRST INSTALLMENT DUE BY 1/15/22  
SECOND INSTALLMENT DUE 2/15/22  
THIRD INSTALLMENT DUE BY 3/15/22

**FOOD AND BEVERAGE MINIMUM DUE BY MAY 1, 2022**

SINGLE MEMBERSHIP	\$400
FAMILY MEMBERSHIP	\$800
WEEKDAY MEMBERSHIP (SINGLE OR FAMILY)	\$400
DINING MEMBERSHIP	\$500
SIGNIFICANT OTHER, CAREGIVER, DEPENDENT CHILDREN	\$400 (EACH)