



Useppa Island Club

Membership Application

Membership Information

This application, together with all required supporting documents, must be completed and returned to rwhite@useppa.com prior to membership processing.

A written referral by an active Useppa Island Club member OR one from the Membership Director of a private club you're currently enrolled is required.

*Collier Dining Club membership applicants *must* provide proof of ownership on one of the following islands: Sanibel, Captiva, North

Captiva, Cayo Costa, Boca Grande, Little Gasparilla Island

The following information will be confidentially maintained by the Club.

Please note that the club requires that all applicable fields must be completed in their entirety to be considered for membership. -Thank you.

I AM REQUESTING MEMBERSHIP IN THE FOLLOWING CLASSIFICATION			
_____ Preferred	_____ Collier Dining Club*	_____ Corporate	_____ Resident
Family membership \$10,000 plus tax	\$1,500 initiation + annual dues plus tax	Minimum of 3 business partners to activate \$20,000 plus tax for initial 3 members	Required to own Useppa property \$7,500 duplex / \$12,500 single family/lot *Plus tax
APPLICANT INFORMATION			
Title:	Name (in full):	SSN:	
Current Address:			
City:	State:	ZIP Code:	
Previous Address (if less than one year):			
City:	State:	ZIP Code:	
Email:			
Home Phone:			Cell Phone:
EMPLOYMENT INFORMATION			
Business Name:			
Business Address:			
City:	State:	ZIP Code:	
Business Phone:	Position:	Annual Income:	
Previous Employment (if less than three years):			
MARITAL STATUS _____ MARRIED _____ SINGLE SPOUSE INFORMATION (IF APPLICABLE)			
Name of Spouse:			
Business:			
Position:			Income:
Email:			Cell Phone:

Supplemental Information

CHILDREN					
Please list names of unmarried children under 21 years of age who are living at home, attending school full time or serving in the U.S. Armed Forces.					
Sons			Daughters		
Name	Age	Birthdate (MM/DD/YY)	Name	Age	Birthdate (MM/DD/YY)
IMPORTANT DATES					
Member Birthdate (MM/DD/YY):			Place:		
Spouse Birthdate (MM/DD/YY):			Place:		
SOCIAL					
College Attended:			Degree:		
Civic Clubs, Societies or Associations:					
Other Club Affiliations (previous and current):					
Name:			Length of Membership:		
Name:			Length of Membership:		
ADDITIONAL INFORMATION					
Length/Make/Name of primary vessel:					
Are you related to a member: _____ If so, please list name and relationship:					
Notes for management's consideration:					



RECURRING CREDIT CARD PAYMENT AUTHORIZATION

Member Name(s): _____

Member Number: _____

Email address to receive electronic invoices: _____

I hereby authorize **Useppa Inn & Dock Company**, to initiate payment for:

Club Dues **on-island charges** **Property Assessments (property owners only)**
to my credit card indicated below.

BILLING INFORMATION

Billing Address _____ Phone # _____

City, State, Zip _____

CARD DETAILS

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____/____

CVV _____

Zip Code _____

I understand that this authorization will remain in effect until I cancel it in writing and I agree to notify Useppa Inn & Dock Company of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder's Signature _____ Date _____

***Payment is initiated the 25th of each month for Club dues and property assessment for the following month. Payment is initiated on the 25th of each month for the prior month's Useppa Island Club Charges.