



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:					

***Notice to all applicants and prospective members of
Useppa Island Club***

Please review the following details prior to submitting an application for membership to Useppa Island Club.

- **The current Developer of Useppa Island Club (UIC) desires to convey their assets relating to UIC and the ultimate control of UIC operations**
 - **There exists a lawsuit filed against the current Developer (Lee County case #23-CA-010535), which is ongoing**
- **A sale/transfer of UIC ownership is not likely to occur until after the aforementioned case is closed, and the timeline of this is unknown.**
- **The exact future of Useppa Island Club is unknown, although many believe a change in UIC ownership will result in significant improvements to the island and operations.**
- **All applicants are advised to discuss any concerns or questions about this matter with the UIC Membership Director prior to the activation of a membership account.**

***I have reviewed the following information and have voluntarily elected to activate a membership account:**

Signed: _____

Date: _____

Credit References

BANK INFORMATION	
Name of Bank:	Branch:
Bank Contact:	Phone:
Name of Bank:	Branch:
Bank Contact:	Phone:

I authorize Useppa Island Club/Useppa Inn & Dock, Ltd. to receive such information for investigation for my qualifications for Membership as it deems appropriate, including without limitation to my credit history.

I agree, if approved for membership, to pay all dues and fees in accordance with the Clubs' credit policy which states "An itemized statement of dues, fees taxes and current charges due the Club will be delivered monthly to each member. Any member failing to pay this indebtedness to the Club within 30 days from the date of such statement will be notified in writing by Club Management of the delinquency and the Membership shall be suspended from membership privileges. A finance charge of 1.5% per month shall be made for all accounts not paid within 30 days from the date of the monthly statement. All costs incurred by the Club in collecting amounts owed to it by a Member, including attorney's fees, will be charged to such delinquent member. For a delinquent Member's account that has not been paid in full in the appropriate period of time, said Member's membership in the Club shall be automatically terminated, in which event the Club shall notify the Member in writing. In the event of termination of a Member's account, that terminated Member shall remain fully liable for all outstanding debts to the Club."

I further understand and agree that upon membership approval, a 90-day probationary period begins. Within that period, Useppa Island Club Management reserves the right to revoke my membership at their sole discretion if deemed necessary.

I agree, if approved for membership, to waive, hold harmless and release Useppa Inn & Dock, Ltd., their employees and agents from any claims, damages or injuries arising out of or in connection with such membership activities including operating a golf cart. I understand that through such membership activities, I and all dependents listed on this application may be subject to various dangers or risks of personal injury, even fatality, as well as other injuries or damages. These risks and dangers have been considered by me and I voluntarily choose to participate and assume all such dangers and risks.

Signature

Date

This Membership Application shall not be binding upon the Club until the acceptance below is signed.

Membership Director Date // Board of Gov. Rep Date



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.