



Useppa Island Club and Marina Membership Application

Membership Information

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

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

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			
_____ Social/Preferred	_____ Resident	_____ Corporate	
Family membership \$20,000 plus tax	Duplex purchase: \$50,000+tax Single Fam/Vacant Lot: \$75,000+tax	<i>*Corporate Partnership proposals are to be sent to Simon Bound, Chairman simonb@useppa.com</i>	
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:					
Referring Members: Please provide the name and contact details for existing Useppa Island Club & Marina members to serve as references to support your application					
Name: _____		Relationship: _____		Contact: _____	
Name: _____		Relationship: _____		Contact: _____	

Credit References

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

I authorize Useppa Island Partners/Useppa Island Club & Marina 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 & Marina 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 Island Partners, 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

Board of Gov. Rep

Date



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS

Member Name(s): _____

Member Number: _____

Mobile Number: _____ Alternate Phone Number: _____

Email address to receive electronic invoices: _____

I (we) hereby authorize **Useppa Island Club and Marina**, to initiate debit entries for _____ **Club Dues**, _____ **on-island charges**, _____ **Property Assessments (property owners)**, _____ **Utility Company Services (property owners)** to my (our) account indicated below and the financial institution named below, to debit the same to such account.

(Financial Institution Name)

(Branch)

(Address)

(City/State)

(Zip Code)

Account Type: ___ Savings
 ___ Checking

(Routing number)

(Account number)

This authorization is to remain in effect until **Useppa Island Club and Marina** has received written notification from me (or either of us) of its termination in such time and manner as to afford **Useppa Island Club and Marina** and the financial institution named above a reasonable opportunity to act on it.

(Print authorized name(s))

(Signature)

(Date)

(Joint Account Signature)

****Please attach a voided check to this form ensure proper routing.**

*****ACH's are initiated on the 25th of each month for Club Dues and Property Assessments for the following month along with Miscellaneous Club charges and Utility charges. This form will be destroyed immediately following the creation of your member account.**



RECURRING CREDIT CARD PAYMENT AUTHORIZATION

Member Name(s): _____

Member Number: _____

Email address: _____

I hereby authorize **Useppa Island Club and Marina**, to initiate payment for:

- ☐ **Club Dues** ☐ **on-island charges** ☐ **Property Assessments (property owners)**
☐ **Useppa Island Club and Marina Utility Company (property owners)**

to my credit card indicated below.

BILLING INFORMATION

Billing Address _____

Phone #: _____ Alternate Phone #: _____

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 Island Club and Marina 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 on the 25th of each month for Club dues and property assessments for the following month. Payment is initiated on the 25th of each month for the prior month's Useppa Island Club and Marina charges.

NOTE: There will be a 3% processing fee assessed at the time of payment.

NOTE: *Please be assured that your bank information will be securely disposed of after your membership is created.*