



Useppa Island Club & 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 a current Useppa Island Club & Marina member OR the Membership Director of a current private club affiliation is strongly encouraged.

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			
<input type="checkbox"/> Social	<input type="checkbox"/> Resident	<input type="checkbox"/> Corporate	<input type="checkbox"/> Dining Conversion
Family membership \$20,000 plus tax	Duplex purchase: \$50,000+tax Single Fam/Vacant Lot: \$75,000+tax	Proposals should be submitted to membership@useppa.com & will be reviewed by the Membership Committee.	# _____
APPLICANT INFORMATION			
Title:	Full Name:	Birthday (MM/DD/YY):	
Current Address:			
City:	State:	ZIP Code:	
Alternate Address:			
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

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:
CHILDREN		
Dependent children under applicable age: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of children:		
SOCIAL		
College Attended:	Degree:	
Civic Clubs, Societies or Associations:		
OTHER CLUB AFFILIATIONS (previous and current)		
Name:	Length of Membership:	In Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Length of Membership:	In Good Standing? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADDITIONAL INFORMATION		
Length / Make / Name of primary vessel:		
Related to a member? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please list name and relationship:	



USEPPA ISLAND CLUB & MARINA

Payment Authorization Form (PCI-Aware)

Member Name(s): _____

Property Address: _____

Phone Number: _____

Email for Billing: _____

Payment Type (select all that apply):

- Club Dues On-Island Charges Property Assessments (Homeowner) Utility Services (Homeowner)

Payment Information (Secure Collection)

For security and compliance reasons, please do **NOT** include banking information on this form. A member of our Accounting team will contact you directly to securely obtain your payment details.

Authorization

I (we) hereby authorize Useppa Island Club & Marina to initiate debit entries to my (our) bank account for charges associated with my account. I understand that payments will be processed in accordance with the Club's billing schedule, I am responsible for maintaining sufficient funds, and returned payments may result in additional fees.

Termination

This authorization will remain in effect until written notice is received and processed within a reasonable timeframe.

Printed Name: _____

Signature: _____ **Date:** _____

Membership Review Authorization

I authorize Useppa Island Partners / Useppa Island Club & Marina to verify the information provided in this application and to obtain such additional information as it deems appropriate in evaluating my qualifications for membership. A background check and credit check may be conducted as part of the application process and during my membership, and I authorize the Club to contact the references, employers, financial institutions, and other sources listed or identified in connection with this application.

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

I will pay all dues, fees, and charges in accordance with the Club's credit policy, and understand that delinquent accounts may result in suspension or termination of membership. I further understand that I remain liable for all outstanding amounts owed to the Club, including collection costs and attorney's fees.

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 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 have been considered by me and I voluntarily choose to participate and assume all such dangers and risks.

Your signature on this application indicates your agreement to the above terms.

Applicant Signature

Date

Spouse / Joint Applicant Signature (if applicable)

Date

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

Membership Director

Board of Gov. Rep

Date