



OFFICE USE ONLY
Membership # _____
Certificate # _____
ARC _____

Application for Vested Membership

Applicant 1: _____

D.O.B.: _____ **Social Security #:** _____

Applicant 2: _____

D.O.B.: _____ **Social Security #:** _____

Are the Applicants Married? Yes No

Children under 25 living at home or attending school:

Name: _____ D.O.B.: _____ Name: _____ D.O.B.: _____

Name: _____ D.O.B.: _____ Name: _____ D.O.B.: _____

Applicant 1 E-mail: _____

Applicant 2 E-mail: _____

Florida Residence: _____
Street City Zip

Telephone: _____ Fax: _____

Applicant 1 Cell Phone: _____ Applicant 2 Cell Phone: _____

Florida Resident: Yes No If not, resident of what state?: _____

Time to be spent at Fiddlesticks: _____ Fulltime _____ Seasonal _____ Occasional (#weeks/yr.) _____

United States Citizen? **Applicant 1:** Yes No **Applicant 2:** Yes No

Principal/Summer Residence: _____
Street City State Zip

Telephone: _____ Fax: _____

Initial _____ / _____

What is your preferred mailing address? _____ Florida _____ Principal/Summer _____ Business

NOTE: Monthly account statements will automatically be sent via e-mail.

Business Name: _____

Address: _____
Street City State Zip

Telephone: _____ **Fax:** _____

Are You Employed? Applicant 1: ___ Yes ___ No ___ Retired **Applicant 2:** ___ Yes ___ No ___ Retired

Occupation/Profession (Former, if Retired)

Applicant 1: _____ **Applicant 2:** _____

Florida Bank: _____
Name Street City State Zip

Other Bank: _____
Name Street City State Zip

Applicant 1 Education: _____

Applicant 2 Education: _____

Applicant 1 Birthplace: _____ **Applicant 2 Birthplace:** _____

Present Club Memberships:

Name Location

Name Location

Former Club Memberships:

Name Location

Name Location

Referred for Membership by: _____

Initial _____ / _____

Release: The undersigned Candidate requests a Vested Resident Membership at Fiddlesticks Country Club. The Candidate understands that the club reserves the right, for the purpose of considering the request for membership, to investigate the Candidates education, financial responsibility, social position and general reputation and those same attributes of members of the Candidate's immediate family. The Candidate hereby consents to such an investigation and to all such disclosure and agrees never to make any demand of the Club or any other person (including, but not limited to, any informant), for disclosure of any of the information to the Candidate. The Candidate hereby also releases and discharges the Club, its Directors and Officers, and any person who furnishes, transmits or processes such information for the purpose herein mentioned, from any and all liability for having done so, and this release shall be binding upon the Candidate's personal representative, heirs and assigns.

The applicants agree to have their personal information included in the Club's annual Roster Book and the Club's Website (member side only). _____YES _____NO

Acknowledgement: I agree to abide by the By-laws, Rules and Regulations, Deed of Restrictions and Architectural Standards and Guidelines of Fiddlesticks Country Club, and hereby make application for a **VESTED** or **VESTED NON RESIDENT NON EQUITY** membership at the present fee of \$ 50,000 with \$1 of Equity.

This Vested membership is limited to persons who are recorded legal title owners of a residential lot or living unit within the Fiddlesticks subdivision. This class of membership shall hold equity in the Club and shall be entitled to all privileges of the Club, including the right to vote on all matters requiring membership vote pertaining to the Club.

I understand this membership is not assignable or transferrable and must be redeemed only through and by Fiddlesticks Country Club, Inc. under the terms and conditions set forth under the Club bylaws.

Note: All VESTED memberships include use by unmarried children to the age of 21 (or until their 25th birthday if enrolled in school on a fulltime basis).

Fiddlesticks Property Purchased: Address and Lot/Condo# (N/A for NRE)

Date Fee Received

Applicant 1 Signature

Date of Signature

Applicant 2 Signature

Date of Signature