

Dear Prospective Member,

Thank you for your interest in joining Island View Golf Club. We are a semi-private club that is owned by a capped number of 375 shareholders. Depending on availability, a share may be available for purchase at this time. If our membership is full, you can elect to be placed on our Wait List by submitting an application along with a \$500 non-refundable deposit (which will go towards your Initiation Fee). Please inquire with our staff to determine if our membership has any openings.

### Membership Benefits Include:

- 7 Day advanced tee times (compared to 3 days for non-members)
- Regularly scheduled member exclusive events and leagues
- Access to prime tee times reserved for members only
- Full service pro shop, restaurant, locker rooms, lessons and practice facility.
- Member Guest Passes (available for purchase, maximum of 20 passes each golf season)
- 4 hour pace of play
- Annual range and golf cart memberships available only to members
- 100% stock equity with voting rights
- Award-winning restaurant (No monthly minimum purchases)
- Exclusive discounted gift cards for the restaurant available to members only
- Priority enrollment in IVGC Junior Golf Programs

### Initial Cost to Join

Stock Purchase	\$4,000	(Equity in the Club. Share is sold back when exiting)
Initiation Fee:	\$2,000	(One-time, joining fee)
Total:	\$6,000	

Annual Family Golf Packages start around \$2,700 for unlimited golf for the season. Single Packages start around \$2,000. Reach out to one of our team members to request an individual quote.

# Island View Membership Application

Applicant:	Co-Applicant (Spouse)	
Full Name:	Full Name:	
Date of Birth:	Date of Birth:	
Street Address:		
City:		
State: Zip Code:		
Years at Address:		
Primary Phone:	Primary Phone:	
Alternate Phone:	Alternate Phone:	
E-Mail:	E-Mail:	
Prev. Address, if < 2 years at current		
Additional Golfers in Household (Children)		
Name:	Date of Birth:	
Employers Name	Employers Name	
Type of Business:	Type of Business:	
Position Held:	Position Held:	
Length of Employment:	Length of Employment:	
Prev. Employer, if < 2 years at current	Prev. Employer, if < 2 years at current	

## **Applicant:**

Do you presently have a USGA handicap? \_\_\_\_\_

If so, where? \_\_\_\_\_

What is your GHIN number? \_\_\_\_\_

Where did you keep your previous HDCP?

## **Co-Applicant:**

Do you presently have a USGA handicap? \_\_\_\_

If so, where? \_\_\_\_\_

What is your GHIN number? \_\_\_\_\_

Where did you keep your previous HDCP?

How did you hear about Island View Golf Club?

Were you referred by a member? If so, please list name: \_\_\_\_\_\_

Please indicate how many names should appear on stock certificate:

(Example, John and Mary Doe, Husband and Wife as Joint Tenants - or other)

References:

- Please give the name, address and phone number of the bank at which you maintain your primary accounts:
- Give the name and phone number of two personal references, one of which is a current member of Island View Golf Club:
- Are there any claims, suits or judgements against you at this time?
- Have you ever been convicted of a felony?
- Has your membership ever been involuntarily terminated in any private athletic club, country club or golf club? If so, please list reason why:
- Has your golf handicap ever been adjusted by a handicap committee at any golf club or golf course where you maintained such handicap?

I/We understand that Island View Golf Club will retain this application whether or not it is approved. Island View Golf Club is hereby authorized to check My/Our credit and employment history and inquire as to My/Our credit experience.

In the event there is a waiting list for membership at the time of this application: I/We agree to submit an updated application in such time as I/We reach the top of the waiting list. I/We acknowledge that making a deposit in order to have our name(s) placed on the waiting list at Island View Golf Club does not guaranty that I/We will be selected for membership. I/We acknowledge that my/our application will be subject to review and approval at the time my/our name reach the top of the Waiting List for Membership.

Signing below (Or clicking on the submit button below if submitting electronically) acknowledges everything that I/We have stated in this application is true and correct to the best of my/our knowledge.

Date: \_\_\_\_\_

Applicant Name: (Printed) \_\_\_\_\_

Applicant Signature: \_\_\_\_\_