

OFFICE USE ONLY: Village:

Purchase Date:

## **Full Member Information Profile**

Member Number:      (Member Numbers Start with a letter not number)        Mr.      Mrs.      Miss      Dr.         Name of Member (please print):	<u>Member</u>	Informatio	<u>on</u> :						
Name of Member (please print):	Member Number: _		(Member Numbers Sta				with a letter not	number)	
First       Last        MrMrsMsMissDr.	Mr.	Mrs	Ms	Miss	Dr.				
Mr.      Mrs.      Miss      Dr.         Name of Spouse (please print):	Name of	<b>Member</b> (p	lease pri	nt):					
Name of Spouse (please print):					_	First		Last	
MrMrsMissDr.   Name of Significant Other (please print): First Last NLCC Address									
MrMrsMissDr.   Name of Significant Other (please print): First Last NLCC Address	Name of	<b>Spouse</b> (pl	ease prir	nt):		First		Last	
NLCC Address									
NLCC Address	Name of Significant Other (please print):								
Telephone to be listed in Member Directory and Gate System: ()         Alternate Telephone: ()         Fax: ()         Fax: ()         Cell: ()         Member's Email Address:         Spouse's Email Address:         Marital Status: [] Single [] Married         Anniversary:       //         *Birthdate Member:       //         Birthdate Spouse:       //         (Date of birth will not be published in the roster - this is only to complete our member records)         Mail Club Billings/Information to the following:       LOCAL       OTHER       BUSINESS						First		Last	
Alternate Telephone: ()   Fax: ()   Cell: ()      Member's Email Address:	NLCC Ad	dress		Stree	et		Naples	s, Florida 34112	
Fax: ()	Telephone to be listed in Member Directory and Gate System: ()								
Member's Email Address:	Alternate Telephone: ()								
Spouse's Email Address:         Marital Status:       [] Single       [] Married       Anniversary:       //	Fax: (	)				C	Cell: ()		
Marital Status:       [] Single       [] Married       Anniversary:      //	Member's Email Address:								
<ul> <li>*Birthdate Member:// Birthdate Spouse:// (Date of birth will not be published in the roster - this is only to complete our member records)</li> <li>Mail Club Billings/Information to the following: LOCAL OTHER BUSINESS</li> </ul>	Spouse's Email Address:								
(Date of birth will not be published in the roster – this is only to complete our member records) Mail Club Billings/Information to the following: LOCAL OTHER BUSINESS	Marital St	atus: []S	Single [	] Married		Annivers	sary:/	/	
Other Address	Mail Club Billings/Information to the following:LOCALOTHER BUSINESS								
Street City State Zip	Other Ac	ldress					City	State	 7in

Paper Billing:	[NO]	[YES]			
Hole in One Club:	[NO]	[YES] If yes yo	u agree to the initia	al charge to j	oin the HOC.
Listed in Paper Directory:	[NO]	[YES]			
Occupation and/or Nature of Bus	siness:				
Name of Employer:			Retired:	[NO]	[YES]
Title:	Year(s) in Present Employment:				
Business: Address:	Street		y	State	Zip
Dependent Information Unmarried children who are no attending school on a full-time b		ge of twenty-three a	and either living	in the mem	ber's home o
Name (First & Last)		Date of Birth	Male		Female
1		//			
2		//			
3		//			

Office Use Only				
Member Number:	Chelsea Number(s):	1		
		2		
Update Performed By:				
Date Completed:				

## Payment of Club Membership Account

All fees, food, beverage, merchandise, services and other charges of the Club charged to the member's Club account will be billed monthly and shall be due upon receipt and shall be deemed delinquent if not paid by the last business day of the month in which the statement is mailed. The undersigned hereby agrees to pay all assessments / dues, fees and other charges incurred by the undersigned, immediate family members and their guests and to pay the Club account when due. Past due bills will accrue a late fee each month in an amount equal to a minimum late fee established by the Club from time to time and / or interest at the maximum, non-usurious rate permitted by law from the date of the statement until paid in full. The undersigned further agrees to pay all reasonable attorneys' fees, investigation fees and other costs incurred in connection with the collection of delinquent accounts.

## **Receipt of Membership Documents**

The undersigned hereby acknowledges receipt of the Declaration of Covenants, Conditions and Restrictions of Naples Lakes Country Club, the Bylaws and Articles of Incorporation of Naples Lakes Country Club Homeowners Association, Inc. and the Rules and Regulations for Naples Lakes Country Club and agrees to abide by all of their respective terms and conditions as amended from time to time. The undersigned hereby acknowledges and understands that Naples Lakes Country Club is owned and managed by the Naples Lakes Country Club Homeowners Association, Inc. A Florida Not For Profit Corporation, as further provided in the materials referenced above.

The undersigned understands that Full Membership at Naples Lakes Country Club is subject to the continued payment of the assessments / dues and other fees and charges established from time to time.

The undersigned hereby acknowledges that this Full Member Information Profile and all membership privileges at Naples Lakes Country Club shall be governed by and construed in accordance with the laws of the State of Florida without regard to principles of conflicts of laws.

If the undersigned is married then the signature of the spouse is also requested.

Signed:	Date:
Signed:	Date: