



**ISLAND VIEW**  
GOLF CLUB

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. Our membership is currently full, but you can elect to be placed on our Membership Wait List by submitting an application along with a \$1,000 non-refundable deposit (which will go towards your Initiation Fee). Wait list deposit checks should be payable to "Island View Golf Club" and dropped off at the Pro Shop or mailed in.

**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)
<u>Initiation Fee:</u>	<u>\$4,000</u>	(One-time, joining fee)
Total:	\$8,000	

Annual Family Golf Packages start around \$3,200 for unlimited golf and use of the practice facility for the season. Single Packages start around \$2,500. Reach out to one of our team members to request an individual quote.

# Island View Membership Application

## Applicant:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Years at Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Prev. Address, if < 2 years at current  
\_\_\_\_\_

## Additional Golfers in Household (Children)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Employers Name

\_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Prev. Employer, if < 2 years at current  
\_\_\_\_\_

## Co-Applicant (Spouse)

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Employers Name

\_\_\_\_\_

Type of Business: \_\_\_\_\_

Position Held: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

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 and how they should appear on share certificate. At the time you sell your share, the name(s) and how they appear on the share certificate (or record on file) will determine ownership as well payment recipients.

(Example, Mary Doe or 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: \_\_\_\_\_