## **A Privately Owned Club for Women Over 21**

## **Carefree Clubhouse Corporation Owner Membership Nomination Form**

NAME ————		
First	middle initial	last
Application Date:	Date of Lot Closure	Lot Number
Street Address:		
		not licensed, an official photo I.D. tion form. Please do not submit a
	n form. Use a separate nominatio	
Date of Birth:	-	
I attest that I have examined a pl	noto I.D. and verified date of birth a	nd sex: (Office Staff Initials)
First Name as you want it to app	ear on your Name Badge:	
MAILING ADDRESS —		
CITY	STATE	ZIP
HOME PHONE NO ()		
CELL PHONE NO ()		(Optional)
E-MAIL ADDRESS		
Sponsoring Members Signature:		Lot #
1		
2		

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I understand that the CCC dues for new owners are pro-rated from the date of property closing. I understand that I am legally obligated to disclose the requirements for club membership to any perspective buyer of my property at The Resort and to notify the Clubhouse of any pending sale (applicant's initials)					
• I am aware that Carefree has a website <a href="www.carefreecommunity.com">www.carefreecommunity.com</a> where I can find answers to many of my questions (applicant's initials)					
• I am aware that our Bylaws and Rules & Regulations are accessible on the Carefree websit					
• I am aware that Carefree dues are due and payable January 1, April 1, July 1 and October 1 (applicant's initials)					
• I am aware that I will accrue late fees if I do not pay my Clubhouse dues by the $10^{th}$ of the month in which they are due (applicant's initials)					
• I am aware that my membership as well as my right to sponsor a courtesy member will be suspended until payment for all dues and late fees are received (applicant's initials)					
• I am aware that badges must be visible while on Clubhouse property or at Clubhouse- sponsored functions regardless of location (applicant's initials)					
• I am aware that should I wish to bring a guest to the Clubhouse or attend a Clubhouse function, the guest must stay overnight and apply for and be approved for Courtesy membership. The only exception to this is during the hours of 11 a.m. – 1 p.m. (guest hours) (applicant's initials)					
• I am aware that some of the events have an additional fee (applicant's initials)					
• Upon approval I understand I am required to submit payment in full for facility use fees are badge fees (applicant's initials)					
I have received the Welcome Brochure and agree to abide by the Rules and Regulations of Carefree Clubhouse Corporation. In consideration of being allowed to use the facilities of the Clubhouse, I release Carefree Clubhouse Corporation from any claims for damages or injury may incur resulting from or relating to my use of the Clubhouse facilities. I certify that all of the above information is correct.					
(Candidate's signature) (Date)					

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		Nominee N	lame		<del></del>		
Membership Com	nmittee Revie	<b>ew:</b> Date:	Nomin	ation Denied	_		
Member, Membership Co			er, Membership (				
OFFICE USE ONLY  AMOUNT OF PRORATED DUES FROM TO equals \$  closing date date							
AMOUNT OF PRORATED DUES FROM		closing date	10	<b>eq</b> ate	uais \$		
All membership dues for c							
Facility Use fee: A	mount Paid	Date Paid					
Badge Fee: Al	mount Paid		_ Date I	Paid			
Membership Revoked or Reason for Revocation	Suspended by B	Board: Date					

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