

**Fall Membership Application
FALL 2020**

Name _____ Email _____ Cell Phone: _____ Birthday (m/d) ___/___
 Spouse _____ Email _____ Cell Phone: _____ Birthday (m/d) ___/___
 Kiawah Island Address _____ Local Phone _____ Other Phone _____
 Mailing Address _____ City _____ State _____ Zip _____
 Children Under 25 (Name and Date of Birth(mm/dd/yy)) _____

Membership Categories

Please select membership category and payment option below. You have the option to either pay all of your dues up front, or delay a portion by paying partially up front and a monthly payment for remaining months. The total membership cost for either payment option is the same. **Please select ONE category and payment option.**

Golf	Dues	Tax	Total Payment	Initial Total
Unlimited Family (Starting Sept. 1)	\$3350	\$167.50	\$3517.50	
Unlimited Single (Starting Sept. 1)	\$3220	\$161	\$3381	
30 round membership	\$2725	\$136.25	\$2861.25	
15 Rounds (Fall Only)	\$1362.50	\$68.13	\$1430.63	
Golf/Tennis Plus				
Unlimited Family (Starting Sept. 1)	\$4625	\$231.25	\$4856.25	
30 rounds, 200 hours	\$4250	\$212.50	\$4462.50	
30 rounds, 100 hours	\$3720	\$186	\$3906	
15 rounds, 100 hours (Starting Sept. 1)	\$2472.50	\$123.63	\$2596.13	
15 rounds, 50 hours (Starting Sept. 1)	\$1860	\$93	\$1953	
Tennis				
Limited Family, 200 hours	\$1675	\$83.75	\$1758.75	
Limited Single, 100 hours	\$1110	\$55.50	\$1165.50	
Limited, 50 hours (Starting Sept. 1)	\$555	\$27.50	\$582.75	
Unlimited Family (Starting Sept. 1)	\$1450	\$72.50	\$1522.50	
Unlimited Single (Starting Sept 1)	\$915	\$45.75	\$960.75	
Social* included in all other memberships except Pool Only				
Family (Starting Sept. 1)	\$775	\$38.75	\$813.75	
Pool Only- NO discounts or membership benefits other than pool access				
Family (Starting July 15)	\$437.50	\$21.88	\$459.38	

Additional Services

Golf Handicap Fee (\$25 per number)	\$25 ea	
Pool Add-On for Adult-Children, Grandchildren, Parents and Siblings (additional form required)	\$220	

Monthly Statement Billing

Total Due	
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Credit Card Last 4 digits: _____ (Enter full credit card number below)

Name on card: _____

<p>Billing Address</p> <p><input type="checkbox"/> Kiawah Address</p> <p><input type="checkbox"/> Mailing Address</p>
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<p>Statements- Preferred Method</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Mail</p>

Membership will be automatically renewed annually at the same or most similar category of membership. Membership fees will be billed automatically each November. Changes can be made within 30 days of the expiration date on current membership term. Rates and terms subject to change. I have read the Terms and Conditions of the Governor's Club and agree to abide by stated guidelines. All memberships expire on Dec. 31, 2020. I permit The Accounting Department of The Governor's Club to charge my monthly statement amount to my credit card. I agree to include my address, phone number, and e-mail address in the Club's directory or similar publication. I also agree that photos taken of my family and guests may be used in Club publications and for promotional purposes from time to time. I agree to pay the full year's dues regardless of the date joined. I accept that any monthly charges are automatically billed to my Governor's Club account.

MEMBER SIGNATURE: _____ **DATE:** _____
 Mailing Address: One Sanctuary Beach Drive, Kiawah Island, SC 29455. Email: sara_youngner@kiawahresort.com

KIGR ONLY: Processed Date: _____ **By (initials):** _____ **CC # Destroyed by:** _____ :

This section to be torn off and destroyed after processing by Kiawah Island Golf Resort

Credit Card Number: _____ Exp: _____