

**New Membership Application
2024**

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 as 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		Total Payment	Initial Total
Unlimited Family	\$8,500		\$8,500	Temporarily Unavailable
Unlimited Single	\$7,600		\$7,600	Temporarily Unavailable
60 round membership	\$5,550		\$5,550	Temporarily Unavailable
30 round membership	\$3,330		\$3,330	Temporarily Unavailable
Golf/Tennis Plus				
Unlimited Family	\$11,100		\$11,100	Temporarily Unavailable
60 rounds, 200 hours	\$7,350		\$7,350	Temporarily Unavailable
60 rounds, 100 hours	\$6,510		\$6,510	Temporarily Unavailable
30 rounds, 200 hours	\$5,200		\$5,200	Temporarily Unavailable
30 rounds, 100 hours	\$4,400		\$4,400	Temporarily Unavailable
Tennis				
Unlimited Family	\$3,300		\$3,300	
Unlimited Single	\$2,100		\$2,100	
Limited Family, 200 hours	\$1,920		\$1,920	
Limited Single, 100 hours	\$1,300		\$1,300	
Social* included in all other memberships except Pool Only				
Family	\$1,800		\$1,800	
Pool Only - NO discounts or membership benefits other than pool access				
Family	\$990		\$990	
Additional Services				
Golf Handicap Fee (\$32 per number)			\$32.00 ea	
Pool Add-On for Adult-Children, Grandchildren, Parents and Siblings (additional form required) (\$250)			\$250	
			Total Due	

Monthly Statement Billing

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

Name on card: _____

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, 2024. 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: govclub@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: _____ CVV: _____