



Bent Tree
Bent Tree Golf Club, LLC

Membership Application

Full Name _____

Date of Birth _____ Member Occupation _____

Name of Spouse _____ Date of Birth _____

Spouse Occupation _____ Anniversary _____

Children Under 25 _____

Local Address _____

City _____ State _____ Zip _____ Phone # _____ Cell # _____

Out of Town Address _____

City _____ State _____ Zip _____ Phone # _____ Cell # _____

E-mail Address (Please Print) _____

of Months in Sarasota _____ Retired _____ Semi-retired _____ Active _____

Other Country Club Affiliations _____

Type of Membership Applied for:

Family Full Golfing _____ Single Full Golfing _____ Social _____ Sertoma _____

Seasonal Family _____ Seasonal Single _____ Associate Single _____ Associate Family _____

Membership Activation Date _____ Application Fee \$150 _____ Reinstatement Fee _____

I, (We) apply for Membership in Bent Tree Golf Club, LLC and agree, if accepted to conform to and be bound by the Rules & Regulations of the Club applicable to the Membership for which I am herewith applying.

Signature of Applicant _____

Date _____

Signature of Spouse _____

Date _____

Check Amount _____ Check Number _____ Date _____

Credit Card Information _____ Date Approved Board _____