

FRENCHMAN'S CREEK, INC.
APPLICATION FOR MEMBERSHIP
13495 Tournament Drive, Palm Beach Gardens, FL 33410
Telephone: (561) 622-8300
www.frenchmancreek.com

SECTION 1: NEW MEMBERSHIP ACCEPTANCE

I (we) hereby apply for membership with Frenchman's Creek, and if accepted, I (we) shall be entitled to all the benefits and privileges of membership. I (we) authorize the Board of Governors of Frenchman's Creek to contact any of the references in this application and authorize those persons or entitles listed here to furnish information to said Board of Governors.

Applicant and designated member agree to pay in full all dues and charges incurred and payable to the community by the 25th of the following month. Charges which remain unpaid after thirty (30) days shall bear interest at a rate of one and one-half percent (1-1/2%) per month or eighteen percent (18%) per year until paid. If charges remain unpaid for a period of sixty (60) days from the date of billing, the Board of Governors reserves the right to revoke any and all privileges and assess a \$1,000 fine. In the event proceedings are initiated by the community against the Member, the Member shall be responsible for all outstanding charges, court costs, and reasonable attorney fees.

Your obligations as of the date of this application shall consist of the following:

(These figures are effective through fiscal year end April 30, 2020)

This application is subject to the review of the Board of Governors of Frenchman's Creek, Inc. The membership equity fee will be collected from the applicant at the closing of the property being purchased at Frenchman's Creek.

Membership Equity	\$175,000	<i>Refundable \$60,000</i>
Mandatory Club Dues	\$29,425 <i>(All inclusive and includes bag storage, locker, handicap, trail fees, and Beach Club)</i>	Annually
Mandatory POA Dues	(Custom) \$18,319 (Patio) (A)\$22,940 (B)\$23,022 (C)\$23,076 (Townhome) (A)\$21,662 (B)\$21,721 (C)\$21,760 (Villa) (A)\$24,639 (B)\$24,751 (C)\$24,825 <i>(Waterfront Properties Add \$395.00)</i>	Annually
Service Charge	\$2,100	Annually
Capital Replenishment	\$2,400	Annually
Food & Beverage Minimum	\$2,000 <i>(\$1,000 for single member)</i> <i>(Must be used from May 1st through April 30th)</i>	Annually
Capital Improvements: Back of the House Fitness Center Club Building Project	Monthly \$34.00 \$66.00 \$350.00	May need to be pro-rated and paid in full at closing. Please see accounting for details and balances.

Redemption of equity certificates are not refundable, in whole or in part, except as otherwise explicitly stated in the By-Laws. Furthermore, in accordance with the By-Laws, a member shall not have the right to avoid or in any manner reduce his or her full financial obligations to the community.

Member Signature _____

Date _____

Member Signature _____

Date _____

INTERNAL USE ONLY: SELLER: _____ **/ BUYER:** _____
CLOSING DATE: _____ **LISTING AGENT** _____ **SELLING AGENT** _____
SOURCE: _____

SECTION 2: LEGAL HOME OWNERSHIP INFORMATION

Closing Date: _____

Legal Name (*Husband*) _____ Date of Birth _____

Legal Name (*Wife*) _____ Date of Birth _____

Address: _____

Home Ownership may be held individually, jointly in two names with or without the right of survivorship, in trust, or in corporate name (check one). Individual Joint

Joint with Right of Survivorship Corporation Trust Developer

If the home is held by a Corporation or trust, designate Members below and attach attorney's designation letter.

(First) (Middle Initial) (Last)

(First) (Middle Initial) (Last)

MEMBERSHIP DIRECTORY/ CONTACT INFORMATION

SECTION 3 : FRENCHMAN'S CREEK INFORMATION

TELEPHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS (*Husband*): _____ (*Wife*): _____

CELLULAR PHONE: (*Husband*): _____ (*Wife*): _____

SECTION 4 : SUMMER/NORTHERN INFORMATION

1) ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NO.: _____ FAX NO.: _____

2) ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NO.: _____ FAX NO.: _____

I (we) agree to be bound by all the By-Laws and Rules and Regulations of the community as presently enunciated and as amended from time to time. I (we) further consent to Frenchman's Creek publishing my (our) contact information in the membership directory (Green Book).

(Applicant's Signature) Date

(Applicant's Signature) Date

SECTION 5: PRESENT CLUB MEMBERSHIPS

(Name) (Address) (Telephone) (Member Status)

(Name) (Address) (Telephone) (Member Status)

Please list the names of any Frenchman’s Creek members who you are acquainted with:

1) _____ 2) _____

3) _____ 4) _____

SECTION 6: PRESENT BUSINESS INFORMATION

HUSBAND: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NO.: _____ FAX NO.: _____

POSITION/OWNERSHIP STATUS: _____

NATURE OF BUSINESS: _____

E-MAIL ADDRESS: _____

WIFE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NO.: _____ FAX NO.: _____

POSITION/OWNERSHIP STATUS: _____

NATURE OF BUSINESS: _____

E-MAIL ADDRESS: _____

SECTION 7: REFERRAL SOURCE

- HOW DID YOU HEAR ABOUT FRENCHMAN’S CREEK? Website
- Realtor (name) _____
- Member (name) _____ Other: _____

SECTION 8 : COMMUNITY INTEREST

Please list any positions you hold or have held, or activities you were involved in with country clubs or any other organization:

1) _____ 2) _____

3) _____ 4) _____

Please list your experience and areas of expertise (i.e., financial, engineering, insurance, real estate, technology, etc.)

1) _____ 2) _____

3) _____ 4) _____

SECTION 9 : AUTHORIZED FAMILY MEMBERS LIVING AT FRENCHMAN'S CREEK

1. _____
(Name/First & Last) (Date of Birth) (Signature)

2. _____
(Name/First & Last) (Date of Birth) (Signature)

3. _____
(Name/First & Last) (Date of Birth) (Signature)

Family photo required with application: Yes _____ Check "Yes" if attached
(Will be used in FC LIFE member publication and distributed to all staff.)

SECTION 10: STATEMENT & PAYMENT OPTIONS

The Accounting Department to offers the following options of receiving your Monthly Club Statement
Please indicate your preference below:

E-mail ONLY Hard Copy ONLY BOTH email and hard copy

Frenchman's Creek can set up, **for your convenience** Automatic Withdrawals (ACH DEBIT) for the payment of your House Account, Dues & Assessment or Both.

Please indicate your preference below:

House Account Dues & Assessments Both

Financial Institution: _____ Branch: _____

City: _____ State _____ Zip Code: _____

Routing/ Transfer Number: _____

Debiting Account: _____

ATTACH VOIDED CHECK

THIS AUTHORIZATION IS TO REMIAN IN FULL FORCE AND EFFECTIVE UNTIL FRENCHMAN'S CREEK, INC HAS RECEIVED WRITTEN NOTIFICATION TO END ACH DEBIT

Name (please print) _____

Authorized Signature: _____ Date: _____

DINING & RECREATION INFORMATION

SECTION 11 : MEMBER PREFERENCES

Wedding Anniversary Date: _____

Husband

Birthday: _____

Favorite foods: _____

Favorite beverages: _____

Special dietary needs: _____

Hobbies: _____

Golf: What is your Handicap? _____

Do you like to play in tournaments?

Yes ___

No ___

Would you use a caddy?

Yes ___

No ___

Would you be interested in an:

Individual lesson ___

Group clinic ___

Tennis: Do you like to play in tournaments?

Yes ___

No ___

Would you participate in round robins?

Yes ___

No ___

Would you participate in dinner/dances?

Yes ___

No ___

Would you be interested in a :

Private lesson ___

Group drills ___

Fitness: Do you currently have a workout program?

Yes ___

No ___

Would you use a personal trainer?

Yes ___

No ___

Would you use the spa services?

Yes ___

No ___

Would you participate in instructional classes?

Yes ___

No ___

Wife

Birthday: _____

Favorite foods: _____

Favorite beverages: _____

Special dietary needs: _____

Hobbies: _____

Golf: What is your Handicap? _____

Do you like to play in tournaments?

Yes ___

No ___

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Group clinic ___

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No ___

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Fitness: Do you currently have a workout program?

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No ___

Would you use a personal trainer?

Yes ___

No ___

Would you use the spa services?

Yes ___

No ___

Would you participate in instructional classes?

Yes ___

No ___

MEMBER REFERRAL

Who would you like to be your neighbor?

1) Last Name _____ First Name _____

Address: _____

Phone Number: _____

E-mail: _____

2) Last Name _____ First Name _____

Address: _____

Phone Number: _____

E-mail: _____

3) Last Name _____ First Name _____

Address: _____

Phone Number: _____

E-mail: _____

Please make sure to contact the following local utilities companies to set up services at your home.

FPL (Florida Power & Light)	Electric	561-697-8000
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Seacoast	Water	561-627-2900
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Hotwire	Cable	561-273-2618
	Internet	
	Phone	

Additional Phone Numbers:

POA Office	Property Management	561-627-1467
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Security	Gate House	561-622-7800
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Trust Membership Designation

To: Frenchman's Creek Beach & Country Club

From: _____ Trustee

Trust: _____

Address: _____

Date: _____

In accordance with the governing documents of Frenchman's Creek, Inc., I as Trustee of the above named Trust, designate

as users of the Recreation Certificate.

Signature: _____

FRENCHMAN'S CREEK

BEACH & COUNTRY CLUB

FRENCHMAN'S CREEK, INC.
APPLICATION FOR MEMBERSHIP/SECURITY
13495 Tournament Drive, Palm Beach Gardens, FL 33410
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Joint with Right of Survivorship **Corporation** **Trust**

If the home is held by a Corporation or trust, **designate Members below and attach attorney's designation letter.**

(First) (Middle Initial) (Last)

(First) (Middle Initial) (Last)

SECTION 2: FRENCHMAN'S CREEK INFORMATION

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CELLULAR PHONE: (*Husband*): _____ (*Wife*): _____

**Member/ Guest
Vehicle Barcode Application**



Applicant information

Member Name: _____
(First Name) (Last Name)

Guest Name: _____
(First Name) (Last Name)

Local Address : _____

Vehicle Information

Vehicle # 1 Register To: _____

Manufacturer: _____ Model: _____ Year: _____

Color: _____ Tag Number: _____

Vehicle # 2 Register To: _____

Manufacturer: _____ Model: _____ Year: _____

Color: _____ Tag Number: _____

IMPORTANT: If for any reason you terminate the use of this vehicle before the listed time, please notify Security before leaving property so we can deactivate the barcode. This is to prevent its possible misuse.

VEHICLE REGISTRATION REQUIRED: APPLICANTS ARE REQUIRED TO SHOW THEIR VEHICLE REGISTRATION TO SECURITY IN ORDER TO RECEIVE A BARCODE. PERMANENT BARCODES WILL ONLY BE ISSUE TO RESIDENTS IN THE COMMUNITY.

Member Signature : _____

OFFICE USE ONLY

Issue Date: _____ Barcode #: _____

Activating Officer : _____ I.D. #: _____