

MEMBERSHIP APPLICATION



SOUTHWOODSM
G O L F C L U B

APPLICANT'S BUSINESS ADDRESS: _____

Retired

Applicant's Company Name: _____

Type of Business: _____ Occupation: _____ Title: _____

Business Telephone: (_____) _____ Business Fax: (_____) _____

Please CHECK the appropriate box below for correct mailing instruction if other than local address:

Mail my STATEMENTS to:

Mail my NEWSLETTER to:

DUES PAYMENT INFORMATION:

I would like to pay my dues: annually monthly

CHARGE CARD INFORMATION:

Please provide the information requested below for the charge card to which all dues and any charges should be posted.

Type of Card: VISA M/C AMEX

Card #: _____

Expiration Date: _____

Name on Card: _____

By my execution of this Application, I unconditionally authorize St. Joe Resorts & Clubs, LLC operating under the name SouthWood Golf Club ("Club") to charge any and all obligations incurred in connection with my SouthWood Golf Club Membership against the charge card identified above. Such charges specifically include but are not limited to annual dues, use fees, cancellation fees and charges. I agree to take any and all other action required to effect the provisions of this paragraph. I further agree to immediately substitute an effective credit card in the event that the credit card listed above becomes ineffective for any reason.

This Application shall entitle the Applicant to annual membership privileges at SouthWood Golf Club only after Applicant is approved and accepted by the Club and after payment of the applicable Initiation Fee, annual dues, and other applicable charges of the Club. This Application will not be reviewed unless fully completed and executed. The Applicant understands that this Application is irrevocable after mailing or delivery to the Club, unless it is not approved.

Applicant understands that SouthWood Golf Club is owned by The St. Joe Company and operated by St. Joe Resorts & Clubs, LLC, and that acquisition of a membership is not an investment nor does it provide an equity or ownership interest in the SouthWood Golf Club facilities, The St. Joe Company or St. Joe Resorts & Clubs, LLC. Applicant acknowledges receipt of and has read and understands the Membership Plan, Rules and Regulations and Schedule of Dues and Fees and agrees to be bound by all of their respective terms and conditions, as they may be amended from time to time, including, without limitation, the provisions of the Membership Plan pertaining to Member Responsibility and Disputes with Club. Fees and charges are subject to Florida Sales Tax and are subject to change without notice. Applicant further acknowledges that membership privileges are granted on an annual basis and that no rights or privileges will continue beyond the end of the annual membership term.

SOUTHWOOD GOLF CLUB

MEMBERSHIP APPLICATION

Type of Membership: Individual
 Family

Membership Card Number: _____

APPLICANT:

LAST FIRST MIDDLE (Signature)

Social Security Number: _____ Date of Birth: _____

Email Address: _____

SPOUSE (if Family Membership):

LAST FIRST MIDDLE (Signature)

Social Security Number: _____ Date of Birth: _____

Email Address: _____

In the case of a Family Membership, unmarried children age 23 and under (living at home, attending school on a full-time basis or serving in the armed forces) who sign below will be issued a card and will be authorized to have charging privileges (proof of age required).

(Date of Birth) LAST FIRST MIDDLE (Signature)

(Date of Birth) LAST FIRST MIDDLE (Signature)

(Date of Birth) LAST FIRST MIDDLE (Signature)

APPLICANT'S LOCAL ADDRESS:

Street Address Unit Number (_____) Telephone

City/State/Zip (_____) Fax

APPLICANT'S HOME ADDRESS:

Street Address Unit Number (_____) Telephone

City/State/Zip (_____) Fax

Applicant covenants and agrees to indemnify and hold harmless SouthWood Golf Club, St. Joe Resorts & Clubs, LLC, The St. Joe Company and their directors, officers, employees, representatives, affiliates and agents in accordance with the indemnification provisions of the Membership Plan.

Applicant acknowledges that use of the facilities may be restricted from time to time based on events, maintenance and other causes.

By signing this Application, I authorize the disclosure and release of information to SouthWood Golf Club so that it may confirm my qualifications for membership. I agree that all information and communications received by the Club in connection with my Application are privileged, confidential and not subject to disclosure to me or to any other person other than authorized Club personnel. I agree never to make demand on the Club or any other person to disclose any of the information or communications about me, and I release the Club, its officers, directors and employees, and any person providing information or communications from any liability in connection therewith.

Both Applicant and Spouse (if applying for a Family Membership) must sign below, agreeing that they shall be jointly and severally liable for all charges and other amounts from time to time owing, including all charges incurred by other membership users listed on this Application and guests of any membership user.

Applicant Signature

Date: _____

Spouse Signature

Date: _____

APPROVED AND ACCEPTED:

By: _____

Date: _____

MAIL TO: Director of Membership, SouthWood Golf Club, 3750 Grove Park Drive, Tallahassee, Florida 32311
Telephone: (850) 942-GOLF (4653)
Fax: (850) 942-5606



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