



619 PONTE VEDRA BLVD | PONTE VEDRA BEACH | FLORIDA | 32082 | PHONE: 904-285-0202

### APPLICATION FOR TEMPORARY MEMBERSHIP

I/We hereby declare that we do not reside or own property in the five county radius including St. John’s, Baker, Clay, Duval, and Nassau. Temporary Membership benefits will extend to the applicant, spouse, and any unmarried children under the age of 26. Temporary Membership availability is subject to blackout dates including peak holidays and is limited to no more than three months per calendar year.

#### PERSONAL

APPLICANT’S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

DRIVER’S LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELLULAR \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

#### LIST OF ADDITIONAL DIRECT FAMILY MEMBERS:

NAME \_\_\_\_\_ GENDER:M \ F \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ GENDER:M \ F \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ GENDER:M \ F \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

NAME \_\_\_\_\_ GENDER:M \ F \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

#### RENTAL

Real Estate Agency/Homeowner Name: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Dates for Temporary Membership: \_\_\_\_\_

**\*\*Please send a copy of the rental/ lease agreement, temporary membership application, and copy of your driver’s license one week prior to arrival. Payment for the account will be applied to the credit card in advance. All other charges incurred during your stay can be paid for at the point of sale.**

**TEMPORARY MEMBERSHIP FEE SCHEDULE**

<b>Weekly</b>	<b>Monthly</b>
<b>\$190</b>	<b>\$590</b>
Includes beach access, restaurant privileges, and access for Spa treatments.	Includes beach access, restaurant privileges, and access for Spa treatments.

Credit Card # \_\_\_\_\_ Amex \_\_ Visa \_\_ Mastercard \_\_ Other \_\_

Expiration Date \_\_\_\_\_

**ACKNOWLEDGEMENT**

- I/We hereby make application for temporary membership to the Cabana Beach Club. I/we and my/our guests agree to obey all of the Rules and Regulations of the Cabana Beach Club and understand that failure to do so may result in a cancellation of any and all privileges. I/we further agree that the Cabana Beach Club is under no obligation to refund my/our fees as a result of loss of privileges and or my/our inability to participate in my/our membership privileges.

\_\_\_\_\_  
 APPLICANT SIGNATURE                      DATE

\_\_\_\_\_  
 CO-APPLICANT SIGNATURE                      DATE

**FOR OFFICE USE ONLY**

Account # \_\_\_\_\_

Accepted by:  
 Sawgrass Marriott  
 Golf Resort & Spa  
 Cabana Beach Club