



BROKEN SOUND

CLUB

APPLICATION FOR MEMBERSHIP BUSINESS ENTITIES & TRUSTS

2401 Willow Springs Drive, Boca Raton, FL, 33496

(561) 241-6800

APPLICATION FOR MEMBERSHIP

Please return the completed application along with a \$500+tax application fee payable to Broken Sound Club and your residential contract to purchase to the Membership Department.

GENERAL BACKGROUND

Business or Trust's Legal Name: _____

Primary Contact Person: _____ Tax ID/EIN: _____ (required)

Broken Sound Address: _____

Street Address

City

State Zip Code

Broken Sound Village: _____

Billing & Mailing Address: _____

Street Address

City

State Zip Code

Billing E-mail: _____ Phone Number: _____

AUTHORIZED/APPOINTED USERS

Please indicate up to two (2) individuals who reside in the Broken Sound residence (or who are otherwise executives, principals, shareholders, members, or owners of the business entity listed above or are named beneficiaries of the trust listed above) who will be listed on this membership and granted membership privileges. Only these disclosed/listed persons will be permitted use, access, and Club membership privileges. It is the sole responsibility of the duly authorized representative of the Member to inform the Membership Department of any necessary changes to the membership's "authorized/appointed users." Any unauthorized use of Club facilities or privileges will be subject to fines, suspension, or any other sanctions or penalties called for within the applicable provisions of the Club's governing documents.

Name of Authorized User 1: _____ DOB: _____

E-mail: _____ Phone Number: _____

Name of Authorized User 2: _____ DOB: _____

E-mail: _____ Phone Number: _____

*Proof of date of birth is required for the membership cards to be issued.

Please list unmarried children under twenty-six (26) years of age, residing with you or attending school on a full-time basis. These children will be listed on your Membership and granted all of your membership privileges. ***You will be responsible for any charges your children make on your account.***

Name

Birth Date

1. _____

2. _____

3. _____

BILL PAYMENT INFORMATION

Bank Reference, Address and Account Number*:

Name

City, State

Account Number

VOTING PREFERENCE

Please select from one of the following:

- ☐ Paper: Mailing Address
☐ Electronic: E-mail Address

EMERGENCY CONTACT INFORMATION

Individual should not reside in your residence.

Name

Relationship

Telephone

Street Address

City

State Zip Code

CATEGORY OF MEMBERSHIP REQUESTED

- | | |
|-------------------------------------|--------------------------------------|
| ☐ Family | ☐ Sports |
| ☐ Individual | ☐ Club Course |
| | ☐ Old Course |
| | ☐ Transfer |

GOLF MEMBERS

Please select a Golf Cart Usage:

- ☐ Basic (Pay as you Play)
☐ Unlimited (Additional \$1,000 per year)

MEMBER ACKNOWLEDGMENT SECTION

I hereby apply for Membership privileges in Broken Sound Club, Inc. I understand that fees and charges applicable to memberships can be changed at the discretion of the Board of Governors.

Applicant's Signature

Spouse/Significant Other's Signature

Date

Date

* In the event any individual intends to personally pay for the stated Member/Applicant's bills issued by The Club, the separate *Club Membership Debt Acknowledgement Letter and Personal Guarantee Form* is required.