

For office use only:

Join Date:

Expiration Date:

IBS Member # :



2027

BAY HILLS GOLF CLUB  
**PLATINUM MEMBERSHIP**  
MONDAY – SUNDAY

Staple a copy of the Receipt:

Payment Ticket #:

Employee:

Subject to the terms hereof the **Bay Hills Platinum Membership** Member is extended the following benefits when the enrollment fee is paid:

- ❖ No fees Monday through Sunday.
- ❖ 14-day advance booking for tee times.
- ❖ USGA handicap service through our selected handicap system for a Handicap Fee.
- ❖ All club apparel is available at 20% off.
- ❖ 10% OFF DINE-IN Food and Beverage + Event Specials.

The **Bay Hills Platinum Membership** shall be issued in the name of the Member only and is not transferable or assignable.

The term of this **Bay Hills Platinum Membership** Agreement (this "Agreement") shall commence on the date this Agreement is executed and full payment is received by the Club and will terminate on 12/31/2027.

**The Membership holder acknowledges and agrees that no refund of any portion of the BAY HILLS PLATINUM MEMBERSHIP Fee will be given if the Member terminates this Agreement prior to the expiration of the current term or if the Club terminates this Agreement for cause.** The Club may terminate this Agreement at any time for cause, including inappropriate behavior or violation of any Club rules and regulations by the Member

A golf pass holder must abide by all rules and regulations of the Club and shall be responsible for any damages caused to any golf carts or other property leased or owned by the Club.

Enrollment Fee: \$3,750.00 / \$2,250.00 Additional Family Members

Lump Sum: \_\_\_\_\_ or 2 INSTALLMENTS 1/1 \_\_\_\_\_ / 4/1 \_\_\_\_\_

After 6/1: \$3,000 / \$2,000

After 8/1: \$2,250 / \$1,500

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GM of the Club: \_\_\_\_\_ Printed Name: \_\_\_\_\_