St. Andrews Country Club Property Owners Association, Inc. (“SACCPOA”) Application Agreement for Full Benefitted Membership

St. Andrews Country Club Property Owners Association Inc.
17557 Claridge Oval West, Boca Raton, Florida 33496 | (561) 451-4900
www.standrewscc.com

I/we ("Applicant(s)") hereby submit this Application Agreement for Full Benefitted Membership ("Application") to SACCPOA. Capitalized terms used but not defined in this Application shall have the meaning given to such terms in the Third Amended and Restated Declaration of Covenants and Restrictions for St. Andrews Country Club, SACCPOA's Third Amended and Restated Articles of Incorporation, SACCPOA's Fourth Amended and Restated By-Laws, and SACCPOA's Rules and Regulations, as all are amended and/or restated from time to time (collectively, the "Governing Documents").

FAMILY INFORMATION

Date

Applicant Name

Applicant's Spouse/Significant Other Name

Social Security Number

Social Security Number

Driver's License Number | State

Driver's License Number | State

Birth Date

Birth Date

Mobile Number

Mobile Number

Email

Email

Who will be the Primary Contact for this account for billing purposes?

Primary Residence Street Address | City | State | Zip

Primary Residence Phone | Fax | SACC Lot No. | SACC Street Address

Realtor

Sellers Name

How did you hear about SACCPOA?

Children and Step Children under 25 (First & Last Name)	Gender	Birth Date	Charge Privileges
1.			____ Yes ____ No
2.			____ Yes ____ No
3.			____ Yes ____ No
4.			____ Yes ____ No

(For additional names, attach a separate page)

Extended family members

Full Name _____ Relationship _____

Full Name _____ Relationship _____

Have you ever used a name other than the name used in this Application? ____ Yes ____ No

If yes, give details _____

Education Background Applicant

College/School _____ Degree _____ Major _____ Date of Graduation _____

Military Experience _____ Hobbies _____

Something you would like us to know about you _____

Education Background Spouse/Significant Other

College/School _____ Degree _____ Major _____ Date of Graduation _____

Military Experience _____ Hobbies _____

Something you would like us to know about you _____

BUSINESS INFORMATION

Applicant's Business or Employer Name _____

Business Street Address _____ City _____ State _____ Zip _____

Title _____ Years in Present Employment _____ Retired? _____

Telephone _____ Business Fax _____ Website Address _____

Applicant's Spouse or Significant Other Business or Employment Name

Business Street Address | City | State | Zip

Title | Years in Present Employment | Retired?

Telephone | Business Fax | Website Address

PAST OR PRESENT MEMBERSHIP IN OTHER CLUBS/ORGANIZATIONS

1. Name of Club/Organization | Address | Telephone

   Officer to Contact | Year Accepted | Still a Member?

2. Name of Club/Organization | Address | Telephone

   Officer to Contact | Year Accepted | Still a Member?

3. Name of Club/Organization | Address | Telephone

   Officer to Contact | Year Accepted | Still a Member?

List (First & Last Name) current or former Members you know

1. _____ 2. _____

3. _____ 4. _____

PRIMARY APPLICANT BANKING RELATIONS

Name of Institution | Address

Officer to Contact | Telephone Number

Members are strongly encouraged to setup automatic payments from your bank account or credit card. (Additional processing fees may be applicable). Please complete ONE of the following to enroll in automatic payments. The draft typically occurs on the 15th of the following month.

(1) ACH Bank Draft

Applicant(s) hereby authorize SACCPOA, to initiate debit entries (or if need be, credit entries/adjustments for errors) on the account named below.

NAME OF INSTITUTION _____ BRANCH _____

CITY _____ STATE _____ ZIP CODE _____

TRANSIT / ABA NO. _____ ACCOUNT NO. _____

(2) Credit Card Payment

Applicant(s) hereby authorize SACCPOA, to initiate debit entries (or if need be, credit entries/adjustments for errors) on the account named below and understand additional processing fees may be applicable from SACCPOA's third party processor.

NAME ON CARD _____ CARD NUMBER _____

EXPIRATION DATE _____ SECURITY CODE (3 or 4 digits) _____ ZIP CODE _____

Request is hereby made by the undersigned for Membership in SACCPOA. The undersigned subscribes for a Membership Certificate in SACCPOA and agrees to pay the Membership contributions at closing for the membership category:
Full non refundable Club Membership contribution: $450,000 and POA Membership Contribution: $50,000

Membership Application required within 30 days of contract closing. Applicant must submit this Membership Application, copy of Purchase & Sale Agreement, Estoppel Certificate Request, along with Applicable Fees noted on the Estoppel Certificate.

FULL BENEFITTED MEMBERSHIP

In addition to paying the required Membership Contribution and Owner's Contribution, the Applicant(s), if approved for Membership, agree, jointly and severally if more than one individual is named as Applicant(s) above, to pay all Assessments, fees, and other charges incurred by the Applicant(s), family members, and guests and to pay all amounts incurred on the Member(s)' account when due. All Assessments, fees, and other charges (including food, beverage, merchandise, and services) of SACCPOA charged to the Member(s)' account will be billed monthly and shall be due upon receipt, and if deemed delinquent, will be subject to late charges, interest, and other remedies of SACCPOA as set forth in the Governing Documents, including all reasonable attorneys' fees, investigation fees, and other costs incurred in connection with the collection of all delinquent amounts, as authorized by the

Governing Documents and the Act. If membership card(s) or other form of membership identification are issued in connection with the Membership, they shall remain the property of SACCPOA at all times and shall be returned to SACCPOA upon request. It is understood and agreed that each Applicant shall be jointly and severally liable for all the foregoing Assessment, fees, and other charges, attorneys' fees, investigation fees, and other costs.

The Applicant(s) understand that this Application is irrevocable after delivery to SACCPOA. No membership certificate shall be issued unless and until the Applicant(s) have been approved for Membership and the applicable Membership Contribution and Owner's Contribution are both paid in full. The membership certificate will be issued in the same name as the Lot Owner.

The Applicant(s) hereby acknowledge receipt of the Governing Documents and agree to be bound by the terms and conditions thereof.

By signing this Application, the Applicant(s) hereby (i) authorize disclosure and release of information from all sources to SACCPOA for investigating the Applicant(s)' qualifications for Membership and, without limiting the generality of the foregoing, authorize all persons or entities set forth herein to furnish such information to SACCPOA and its representatives; (ii) authorize SACCPOA and its representatives to conduct an independent inquiry into publicly available records, documents, and information (including those that may be accessible through the Internet) in investigating the Applicant(s)' qualifications for Membership; (iii) authorize SACCPOA to obtain a consumer credit report; (iv) authorize SACCPOA and its representatives to check criminal and/or civil violations of law of the Applicant(s) through any law enforcement agency or through any other similar means; and (v) agree to release from liability and hold harmless the following from any and all such activities: (a) those persons or entities furnishing such information to SACCPOA, and (b) SACCPOA and its, directors, officers, agents, employees and representatives.

The Applicant(s) understand and agree, by signing this Application, that all information contained in this Application is material information. Any misstatement or any false, misleading, or otherwise inaccurate information provided to SACCPOA by the Applicant(s) shall be a basis for SACCPOA not to approve the Applicant(s) for Membership or to any other remedies allowed under applicable law, including reasonable fines and the suspension of the privileges of Membership, as set forth in the Governing Documents and the Act.

SACCPOA will notify the Applicant(s) in writing regarding whether this Application is approved or not approved by SACCPOA. SACCPOA shall have no obligation to provide any reason or reasons for not approving this Application.

Any notice required or permitted to be given by the Governing Documents shall be in writing and shall be delivered either by hand delivery or by certified U.S. Mail, to SACCPOA at 17557 Claridge Oval W, Boca Raton, FL 33496 or to the Applicant(s) at the address provided above. Notices shall be effective upon actual delivery or upon the date of rejection or return thereof, as evidenced by the return receipt.

The submission of this signed Application by facsimile or email is permissible and the signature(s) thereon shall be considered as original. By execution below, the Spouse or Significant Other agrees to be jointly and severally responsible and liable for all obligations of the Applicant, including but not limited to payment of all Assessments, fees, and other charges and monetary obligations of the Applicant.

Applicant's Signature	Date
Applicant's Spouse Signature	Date
Applicant's Significant Other Signature	Date

ACKNOWLEDGMENT OF RISK, RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT

This is a release of liability and waiver of certain rights. Please read carefully.

By signing below, I hereby request that I and my family, including minor children, and other guests accompanying me (collectively, the "Participants") be permitted to participate in social and/or recreational activities conducted, sponsored, or directed by SACCPOA, which activities may include, but are not limited to, bicycling, swimming, golf ,racquet sports, fitness center use and sports field use (collectively, "Activities"). In consideration for the opportunity for Participants to take part in the Activities, I voluntarily agree to the terms and conditions of this Assumption of Risk, Release, Waiver and Hold Harmless Agreement ("Release") on behalf of myself, all Participants, and the parents, guardians, next of kin, heirs, executors, administrators, and legal representatives of all Participants (collectively, "Releasing Parties").

PRIOR TO ENGAGING IN ANY ACTIVITIES, PARTICIPANTS AGREE TO EVALUATE THE NATURE OF THE ACTIVITIES AND THE SKILL REQUIRED TO UNDERTAKE THE ACTIVITIES AND AGREE THAT PARTICIPANTS WILL NOT ENGAGE IN ANY ACTIVITIES WITHOUT A FULL UNDERSTANDING OF SUCH MATTERS. I ACKNOWLEDGE ON BEHALF OF PARTICIPANTS THAT IT IS PARTICIPANTS' CHOICE TO PARTICIPATE IN THE ACTIVITIES, EVEN THOUGH PARTICIPANTS FULLY RECOGNIZE THAT THERE IS AN INHERENT RISK OF INJURY TO PARTICIPANT AND OTHERS THAT MAY RESULT FROM THE ACTIVITIES. PARTICIPANTS AGREE TO ASSUME ALL RISKS, WHETHER KNOWN OR UNKNOWN, THAT MIGHT BE SUFFERED OR ENDURED BY PARTICIPANTS AND ASSUME ALL RESPONSIBILITY FOR THE SAFETY OF PARTICIPANTS AND SECURITY OF PARTICIPANTS' PERSONAL PROPERTY WHILE ENGAGED IN THE ACTIVITIES.

Participants fully understand that the Activities may include dangerous activities that can result in illness, bodily injury, including serious injury and death, and property damage (collectively, "Injury"). Participants wish to engage in the Activities knowing they are of a dangerous nature. Participants understand that some of the Activities may be physically strenuous and that Participants will be exerting themselves during the Activities. Being fully aware of the risks, I certify that I and all Participants are fully capable of participating in the Activities and that no Participant has a physical or medical condition which would endanger them or others by participating in the Activities.

I also agree to cause all Participants to follow all rules and regulations established by SACCPOA, and their respective officers, directors, employees, instructors, agents, representatives, and volunteers (collectively, "Released Parties") for the Activities, to confine such Activities to areas as may have been so designated, and to use all equipment and facilities as designed and in a safe and prudent manner. I acknowledge that Participants have adequate medical or health insurance to cover any medical assistance that Participants may require.

I further consent to the Released Parties seeking medical attention for Participants if any of the Released Parties believes it necessary or prudent while Participants are engaged in the Activities, and I agree to be responsible for the cost of such treatment. On behalf of the Releasing Parties, I voluntarily waive any and all claims against the Released Parties arising out of the provision of medical attention or transporting any Participant for the purpose of obtaining medical treatment.

I hereby release and agree, on behalf of the Releasing Parties, to indemnify and hold harmless the Released Parties from any and all liability, claims, demands, actions, and causes of action whatsoever arising or relating to any Injury, loss, or damage that might be sustained by any Participant or any property belonging to a Participant, on the premises owned or operated by the Released Parties or while traveling to or from or participating in any Activities, except as may be specifically limited by Florida law. I understand that by executing this Release, I am, among other things, waiving all rights of the Releasing Parties or any of them for any Injury.

In consideration for the opportunity to use SACCPOA's property and facilities and/or participate in the Activities, I, the undersigned Participant, or as the parent or legal guardian of a minor Participant identified below, voluntarily execute and deliver to SACCPOA consent to use photographs and likenesses of such Participants engaged in any such Activities or other community events, and I hereby:

(A) authorize SACCPOA, its employees, agents and contractors to take and use visual/audio images and recordings of me and/or the Participants before, during and after our participation in Activities or events sponsored by SACCPOA, whether taking place on SACCPOA premises or elsewhere, which images may include, but need not be limited to, photographs, digital images, drawings, renderings, voices, sound or video recordings, audio clips or accompanying written descriptions;

(B) agree that SACCPOA shall own such images and recordings and all rights related to them and may use the images in any manner or media without notifying me in advance. Such potential uses include promotional, advertising, and trade uses, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, radio, digital, Internet, social media, theater or exhibition, and display on websites related to or promoting SACCPOA community and in publications, promotions, broadcasts, advertisements, and slides;

(C) waive any right to inspect or approve the finished images and recordings or any printed or electronic matter that may be used with them, or to be compensated for them. I understand that I will receive no consideration, monetary or otherwise, regardless of whether the images are published; and

(D) release SACCPOA and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such images and recordings or their use.

I acknowledge that I have read and fully understand and agree to the terms and conditions stated herein and that I hereby agree to waive the legal rights of the Releasing Parties. I agree that I am not and will not rely on any oral or written representations made by the Released Parties other than what is set forth in this Release, and this Release constitutes the complete agreement with respect to the terms and conditions covered. I expressly agree that this Release shall be interpreted and enforced under Florida law. I further expressly agree that this Release is intended to be as broad and inclusive as permitted by applicable law and that if any provision is held invalid, it is agreed that the remaining provisions shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT SHALL BE EFFECTIVE FOR ALL ACTIVITIES CONDUCTED WITHIN THE SACCPOA COMMUNITY OR BY OR THROUGH SACCPOA. IT SHALL COVER EACH AND EVERY TIME THAT ANY OF THE PARTICIPANTS PARTICIPATES ACTIVELY OR AS A SPECTATOR IN ANY ACTIVITIES AND SHALL BE BINDING UPON ME AND ALL RELEASING PARTIES.

I acknowledge having read the above Release in its entirety prior to signing this form on behalf of myself and the Releasing Parties.

SIGNATURE:

Applicant's Signature _____ Date _____

Print Name _____

Applicant Spouse's Signature _____ Date _____

Print Name _____

Applicant Significant Other's Signature _____ Date _____

Print Name _____

ST. ANDREWS COUNTRY CLUB POA

NEW MEMBER PROFILE

We look forward to welcoming you as the newest Members of SACCPOA! In an effort to help us become familiar with your interests and needs, and to better understand our membership in general, we ask that you take a few minutes to complete this form as part of your application process. *Please mark all that apply to you*.

Residence: ☐ Year Round ☐ 6-9 Months ☐ Less Than 6 Months

How did you hear about SACCPOA?

☐ Current Member Who Can We Thank? _____

☐ Former Member ☐ Word of Mouth ☐ Instagram Other _____

☐ Business Associate ☐ Web Search/Website ☐ YouTube _____

☐ Friend or Family ☐ Facebook ☐ Realtor _____

Why did you move to SACCPOA?

☐ Location ☐ Golf Courses ☐ Spa ☐ Vacation Home

☐ Real Estate ☐ No Tee Times ☐ Fitness _____

☐ Facilities ☐ Tennis Programs ☐ Dining Facilities _____

☐ Family Activities ☐ Social Life ☐ Bridge/Card Play _____

Golf

Applicant

☐ 18-Holes ☐ Clinics

☐ 9-Holes ☐ Handicap

☐ Tournaments ☐ GHIN #

☐ Lessons/Clinics ☐ Beginner

Applicant's Spouse/ Significant Other

☐ 18-Holes ☐ Clinics

☐ 9-Holes ☐ Handicap

☐ Tournaments ☐ GHIN #

☐ Lessons/Clinics ☐ Beginner

Tennis

Applicant

☐ Singles ☐ Tennis Team

☐ Doubles ☐ USTA Rating

☐ Tournaments ☐ Beginner

☐ Lessons/Clinics ☐ Pickleball

Applicant's Spouse/ Significant Other

☐ Singles ☐ Tennis Team

☐ Doubles ☐ USTA Rating

☐ Tournaments ☐ Beginner

☐ Lessons/Clinics ☐ Pickleball

Fitness

Applicant

- [ ] Group Classes
- [ ] Aqua Classes
- [ ] Pilates (One-on-One)
- [ ] Zumba
- [ ] Nutritional Counseling
- [ ] Physical Therapy
- [ ] Spinning
- [ ] Personal Training

Applicant's Spouse/ Significant Other

- [ ] Group Classes
- [ ] Aqua Classes
- [ ] Pilates (One-on-One)
- [ ] Zumba
- [ ] Nutritional Counseling
- [ ] Physical Therapy
- [ ] Spinning
- [ ] Personal Training

Spa

Applicant

- [ ] Hair Services
- [ ] Nail Services
- [ ] Makeup Services
- [ ] Facial & Skin Care
- [ ] Massage Therapies
- [ ] Body Treatments

Applicant's Spouse/ Significant Other

- [ ] Hair Services
- [ ] Nail Services
- [ ] Makeup Services
- [ ] Facial & Skin Care
- [ ] Message Therapies
- [ ] Body Treatments

Social Activities

- [ ] Gourmet Dining
- [ ] Casual Dining
- [ ] Parties & Dinner
- [ ] Dances
- [ ] Wine Tasting
- [ ] Bridge
- [ ] Canasta
- [ ] Poker
- [ ] Gin
- [ ] Mahjong
- [ ] Lectures
- [ ] Art Classes
- [ ] Family Oriented Events

Other ______________________

____

____

Children's Interest

Name ____________________ Gender ________ Age _____

- [ ] Jr. Golf & Clinics
- [ ] Jr. Tennis & Clinics
- [ ] Jr. Fitness & Clinics
- [ ] Swimming
- [ ] Basketball
- [ ] Kids Club (5-6yrs.)
- [ ] Kids Can Cook (5-6yrs.)
- [ ] Kids Can Garden (5-6yrs.)
- [ ] Arts & Crafts
- [ ] After School Programs

Name ____________________ Gender ________ Age _____

- [ ] Jr. Golf & Clinics
- [ ] Jr. Tennis & Clinics
- [ ] Jr. Fitness & Clinics
- [ ] Swimming
- [ ] Basketball
- [ ] Kids Club (5-6yrs.)
- [ ] Kids Can Cook (5-6yrs.)
- [ ] Kids Can Garden (5-6yrs.)
- [ ] Arts & Crafts
- [ ] After School Programs

Name ____________________ Gender ________ Age _____

- [ ] Jr. Golf & Clinics
- [ ] Jr. Tennis & Clinics
- [ ] Jr. Fitness & Clinics
- [ ] Swimming
- [ ] Basketball
- [ ] Kids Club (5-6yrs.)
- [ ] Kids Can Cook (5-6yrs.)
- [ ] Kids Can Garden (5-6yrs.)
- [ ] Arts & Crafts
- [ ] After School Programs

Name ____________________ Gender ________ Age _____

- [ ] Jr. Golf & Clinics
- [ ] Jr. Tennis & Clinics
- [ ] Jr. Fitness & Clinics
- [ ] Swimming
- [ ] Basketball
- [ ] Kids Club (5-6yrs.)
- [ ] Kids Can Cook (5-6yrs.)
- [ ] Kids Can Garden (5-6yrs.)
- [ ] Arts & Crafts
- [ ] After School Programs