

FRENCHMAN'S CREEK, INC.

APPLICATION FOR MEMBERSHIP

13495 Tournament Drive, Palm Beach Gardens, FL 33410

Telephone: (561) 775-6400

www.frenchmancreek.com

SECTION 1: NEW MEMBERSHIP ACCEPTANCE

I (we) hereby apply for membership with Frenchman's Creek, and if accepted, I (we) shall be entitled to all the benefits and privileges of membership. I (we) authorize the Board of Governors of Frenchman's Creek to contact any of the references in this application and authorize those persons or entities listed here to furnish information to said Board of Governors.

Applicant agrees to pay in full all dues and charges incurred and payable to the community by the 25th of the following month. Charges which remain unpaid after thirty (30) days shall bear interest at a rate of one and one-half percent (1-1/2%) per month or eighteen percent (18%) per year until paid. If charges remain unpaid for a period of sixty (60) days from the date of billing, the Board of Governors reserves the right to revoke any and all privileges and assess a \$1,000 fine. In the event proceedings are initiated by the community against the Member, the Member shall be responsible for all outstanding charges, court costs, and reasonable attorney fees incurred.

Your obligations as of the date of this application shall consist of the following:

Membership Equity	\$150,000	<i>Refundable \$55,000</i>
Mandatory Club Dues	\$20,497	Annually
Mandatory POA Dues	(Custom/Custom Waterfront) \$11,437—\$11,832 (Patio A, B, & C) \$15,106—\$15,680 (Townhome A, B, & C) \$14,146—\$14,541 (Villa A, B, & C) \$16,375—\$16,594 <i>(range depending on home)</i>	Annually
Service Charge	\$1,500	Annually
Capital Replenishment	\$1,200	Annually
Food & Beverage Minimum	\$2,000 <i>(\$1,000 for single member)</i> <i>(Must be used from May 1st through April 30th)</i>	Annually
Assessments:		
North Golf Course	\$170.00	Monthly
19th Hole	\$45.12	Monthly
Back of the House	\$34.00	Monthly
Fitness Center	\$66.00	Monthly
	<i>(See Accounting for Balance Due)</i>	

(These figures are effective through fiscal year end April 30, 2010, and are subject to change in fiscal year May 1, 2010 through April 30, 2011)

This application is subject to the approval of the Board of Governors of Frenchman's Creek, Inc. and must be accompanied by payment of the equity fee.

Redemption of equity certificates are not refundable, in whole or in part, except as otherwise explicitly stated in the By-Laws. Furthermore, in accordance with the By-Laws, a member shall not have the right to avoid or in any manner reduce his or her full financial obligations to the community.

Member Initial

Member Initial

SECTION 2: FRENCHMAN'S CREEK LEGAL OWNER INFORMATION

NAME (Husband): _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Social Security Number: _____

NAME (Wife): _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Social Security Number: _____

ADDRESS: _____ PARCEL: _____ LOT: _____

TELEPHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS (Husband): _____

E-MAIL ADDRESS (Wife): _____

HOW DID YOU HEAR ABOUT FRENCHMAN'S CREEK? Website Realtor (name) _____

Member (name) _____ Other: _____

SECTION 3: SUMMER/NORTHERN INFORMATION

1) ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NO.: _____ FAX NO.: _____

2) ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NO.: _____ FAX NO.: _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

SECTION 4: PRESENT BUSINESS INFORMATION

NAME: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

TELEPHONE NO.: _____ FAX NO.: _____

POSITION/OWNERSHIP STATUS: _____

NATURE OF BUSINESS: _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

SECTION 5: COMMUNITY INTEREST

Please list any positions you hold or have held, or activities you were involved in with country clubs or any other organization:

1) _____ 2) _____

3) _____ 4) _____

Please list your experience and areas of expertise (i.e., financial, engineering, insurance, real estate, technology, etc.)

1) _____ 2) _____

3) _____ 4) _____

SECTION 6: PRESENT CLUB MEMBERSHIPS

(Name) (Address) (Telephone) (Member Status)

(Name) (Address) (Telephone) (Member Status)

(Name) (Address) (Telephone) (Member Status)

Please list the names of any Frenchman’s Creek members who you are acquainted with:

1) _____ 2) _____

3) _____ 4) _____

Have you ever been denied admission to, or expelled from, and club or organization? Yes No

If yes, please explain: _____

SECTION 7: AUTHORIZED FAMILY MEMBERS

The following children are of the age of 24 years and under and are still in school or are of the age of 21 years and under, not married and not in school and are authorized to charge on the applicants account:

1. _____
(Name/First & Last) (Date of Birth) (Signature)

2. _____
(Name/First & Last) (Date of Birth) (Signature)

3. _____
(Name/First & Last) (Date of Birth) (Signature)

SECTION 8: MEMBER PREFERENCES—(Husband)

Birthday: _____

Favorite foods: _____

Favorite beverages: _____

Special dietary needs: _____

Hobbies: _____

Golf:

What is your Handicap? _____

Do you like to play in tournaments? Yes No
Would you use a caddy? Yes No
Would you be interested in an: Individual lesson or Group clinic

Tennis:

Do you like to play in tournaments? Yes No
Would you participate in round robins? Yes No
Would you participate in dinner/dances? Yes No
Would you be interested in a : Private lesson or Group drills

Fitness:

Do you currently have a workout program? Yes No
Would you use a personal trainer? Yes No
Would you use the spa services? Yes No
Would you participate in instructional classes? Yes No

MEMBER PREFERENCES—(Wife)

Birthday: _____

Favorite foods: _____

Favorite beverages: _____

Special dietary needs: _____

Hobbies: _____

Golf:

What is your Handicap? _____

Do you like to play in tournaments? Yes No
Would you use a caddy? Yes No
Would you be interested in an: Individual lesson or Group clinic

Tennis:

Do you like to play in tournaments? Yes No
Would you participate in round robins? Yes No
Would you participate in dinner/dances? Yes No
Would you be interested in a : Private lesson or Group drills

Fitness:

Do you currently have a workout program? Yes No
Would you use a personal trainer? Yes No
Would you use the spa services? Yes No
Would you participate in instructional classes? Yes No

SECTION 9: EMERGENCY MEDICAL INFORMATION

**** OPTIONAL ****

(This information is for Emergency Purposes Only and will be maintained in the Security Office only)

Emergency Contact: (To be completed by Husband only)

1. _____ (Name) _____ (Phone)

2. _____ (Name) _____ (Phone)

3. _____ (Name) _____ (Phone)

Doctors:

1. _____ (Name) _____ (Phone)

2. _____ (Name) _____ (Phone)

3. _____ (Name) _____ (Phone)

Allergic To:

1. _____ 3. _____

2. _____ 4. _____

Medication:

1. _____ 3. _____

2. _____ 4. _____

Medical History:

Date of Birth: _____

Blood Type: _____

Contact Lens: Yes No

Hypertension: Yes No

Physically Challenged: Yes No

Please provide a brief history of your medical condition and any special needs and/or requirements: _____

Emergency Contact: (To be completed by Wife only)

1. _____ (Name) _____ (Phone)
2. _____ (Name) _____ (Phone)
3. _____ (Name) _____ (Phone)

Doctors:

1. _____ (Name) _____ (Phone)
2. _____ (Name) _____ (Phone)
3. _____ (Name) _____ (Phone)

Allergic To:

1. _____ 3. _____
2. _____ 4. _____

Medication:

1. _____ 3. _____
2. _____ 4. _____

Medical History:

Date of Birth: _____
Blood Type: _____
Contact Lens: Yes No
Hypertension: Yes No
Physically Challenged: Yes No

Please provide a brief history of your medical condition and any special needs and/or requirements: _____

HOUSE PETS

Do you have any pets living in your Frenchman's Creek home? Yes No

If yes, please provide their names and Breed: _____

SECTION 10: DESIGNATION OF OWNERSHIP

Membership may be held individually, jointly in two names with or without the right of survivorship, in trust, or in corporate name. Request is hereby made for the following membership designation (check one box only).

- Individual
- Jointly, but only as husband and wife or as tenants by the entirety.
- Trust. Please designate names of persons, not exceeding two (2), who are residents of Frenchman's Creek.
- Corporate. Please designate names of persons, not exceeding two (2) who are residents of Frenchman's Creek.

I (we) certify that the information submitted herewith is true and accurate to the best of my/our knowledge and further agree to be bound by all the By-Laws and Rules and Regulations of the community as presently enunciated and as amended from time to time.

(Applicant's Signature)

(Applicant's Signature)

(Date)

(Date)

FOR OFFICE USE ONLY

SELLING MEMBER: _____

CLOSING DATE: _____

LISTING AGENT: _____ SELLING AGENT: _____

REFERENCE CONTACT INFORMATION

COUNTRY CLUB REFERENCES:

1. _____ Date: _____

Comments: _____

2. _____ Date: _____

Comments: _____

MEMBER REFERENCES:

1. _____ Date: _____

Comments: _____

2. _____ Date: _____

Comments: _____
