



County Card # \_\_\_\_\_

### COUNTY CARD HOLDER

NAME: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Initial Last First Middle

ADDRESS: \_\_\_\_\_  
Street City State

Zip Code: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

e-mail: \_\_\_\_\_

I have received a copy of the Rules and Regulations for Fairwinds Golf Course Card Holders and agree to abide by them as stated. Failure to comply with these rules and regulations could result in loss of the Card Holder privileges and/or golf privileges.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### RESIDENCY VERIFICATION

#### One of the following MUST be presented:

1. Florida License No: \_\_\_\_\_  
**NOTE:** A 'Valid in Florida Only' License is **NOT** acceptable.

2. St. Lucie County Property Tax Bill I.D NO: \_\_\_\_\_  
**NOTE:** A valid photo ID must be presented.

### OFFICE USE ONLY

Expiration Date: September 30

<b>County Card Oct1 – Sept 30</b> <b>Price: \$75.00</b> <b>Tax: \$ 4.88</b> <b>TOTAL: \$79.88</b>	<b>Verified Information:</b> _____ Pro Shop Attendant Initials <b>Received Payment:</b> _____ Cashier Initials
<b>County Card Apr 1 – Sept 30</b> <b>Price: \$56.25</b> <b>Tax: 3.66</b> <b>TOTAL: 59.91</b>	<b>Data Entered:</b> _____