



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

**COUNTY CARD HOLDER**

Valid November 1, 2011 – October 31, 2012

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

Street City Zip

Phone: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

*I am a seasonal resident and would like to receive news letters from Fairwinds off-season, My Alternate Address from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_*

\_\_\_\_\_

Street City State Zip

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**

<b>County Card Nov 1 – Oct 31</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>County Card May 1 – Oct 31</b> <b>Price: \$56.25</b> <b>Tax: \$3.66</b> <b>TOTAL: \$59.91</b>	<b>Received Payment:</b> _____ Cashier Initials
	<b>Data Entered:</b> _____