



State Card # 8

STATE 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. Florida Property Tax Bill I.D NO: _____

NOTE: A valid photo ID must be presented.

OFFICE USE ONLY

State Card Nov 1 – Oct 31		Verified Information: _____
Price: \$100.00		Pro Shop Attendant Initials
Tax: \$ 6.50		
TOTAL: \$106.50		Received Payment: _____
State Card May 1 – Oct 31		Cashier Initials
Price: \$75.00		
Tax: \$4.88		
TOTAL: \$79.88		Data Entered: _____