



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

**COUNTY CARD HOLDER**

Valid October 1, 2009 – September 30, 2010

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**

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