



State Card # 8

STATE 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. Florida Property Tax Bill I.D NO: _____
NOTE: A valid photo ID must be presented.

OFFICE USE ONLY

State Card Oct 1 – Sept 30 Price: \$100.00 Tax: \$ 6.50 TOTAL: \$106.50	Verified Information: _____ Pro Shop Attendant Initials
State Card Apr 1 – Sept 30 Price: \$75.00 Tax: \$4.88 TOTAL: \$79.88	Received Payment: _____ Cashier Initials
	Data Entered: _____