

LAKE MONTICELLO OWNERS' ASSOCIATION
APPLICATION FOR
2010 GOLF ASSOCIATE MEMBERSHIP

Pro Shop
51 Bunker Boulevard
Lake Monticello, VA 22963
(434) 589-3075; Fax (434) 589-5916

Administration Office
41 Ashlawn Boulevard
Lake Monticello, VA 22963
(434) 589-8263; Fax (434) 589-5696
Email: Admin@lmoa.org
Website: www.lmoa.org

Golf Associate Memberships are authorized by the Board of Directors of the Lake Monticello Owners' Association. The following regulations and policies apply to a Golf Associate Membership.

DEFINITION

A Golf Associate Membership is a class of membership established by the Board of Directors which provides golf privileges at a fixed pre-paid fee without being an owner of a residential building lot at Lake Monticello. A Golf Associate Member is not a voting member of the Association.

APPLICATION FOR MEMBERSHIP

Applications for Golf Associate Memberships are available at the Golf Pro Shop and the LMOA Administration Office. Acceptance of the application by LMOA is subject to review by the General Manager.

PRIVILEGES AND OBLIGATIONS

Golf Associate Members are to abide by all LMOA Policies and Rules and Regulations pertaining to the use of the golf course as established by the Board of Directors and will receive all golf privileges extended property owners.

Golf Associate Members shall be responsible for all debts and acts of their guests.

GATE ACCESS/VEHICLE IDENTIFICATION

Golf Associate Members may receive one (1) electronic barcode upon written application and payment of the applicable fee. Use of the electronic barcode is subject to LMOA policy 19.03.

REFUNDS

Refunds will not be granted to a Golf Associate Member whose membership is revoked, who moves away from the Lake Monticello area, or who no longer wishes to utilize the membership or has not utilized the membership. Memberships are not transferable.

REVOCAION OF MEMBERSHIP

The failure of a Golf Associate Member or guest to comply with LMOA rules and regulations may result in temporary suspension of membership privileges and/or revocation of the membership.

RESTRICTIONS: When this agreement is entered into, the conditions MAY NOT be set aside or changed.

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PRINT Name: _____

Address: _____

Telephone: (Home) _____ (Work) _____

GOLF FEES

		Indicate Membership
Associate Golf Membership	\$ 1,531.00	_____
* Associate Plan with Annual Cart	2,686.00	_____
Associate Family Plan (2 members)	2,699.00	_____
* Associate Family Plan with Annual Cart (limit 2)	5,009.00	_____
Associate Junior (with Parent Associate)	194.00	_____
Individual Annual Range Ball Plan	220.00	_____
Couple Annual Range Ball Plan	330.00	_____
Handicap Fee	27.00	_____
Locker Rental (includes sales tax)	71.50	_____

***Bundled fees include sales tax**

CONDITIONS

I have read and understand the conditions set forth in this application. I agree to abide by the conditions and the rules and regulations established by the Board of Directors. Juniors may not play prior to 12 noon unless accompanied by an adult. All memberships will be honored for one calendar year from the date of payment.

Signature of Applicant _____
Date

General Manager _____
Date

FOR OFFICIAL USE ONLY

Golf Associate Member Number _____

Payment Method: CASH** CHECK CREDIT CARD

Received by: _____

**** A receipt must be issued**