

2024 FLORIDA ELITE CARD APPLICATION



SELECT ONE:

- NEW MEMBER **\$349** (+TAX)
- RENEWAL **\$199** (+TAX)
BY 12/31/2023

Name: _____

Phone: ____ (____) ____ - ____

Email: _____

Address: _____

STREET ADDRESS

UNIT #

CITY STATE ZIP

Credit Card #: _____

CC Expiration: ____ / ____ CVV: _____

keep this card on file

Signature: _____

I agree to abide by all rules and regulations

SEND, FAX OR DROP OFF COMPLETED FORM TO:

Orange County National

16301 Phil Ritson Way
Winter Garden FL, 34787

FAX: 407-656-2626

Celebration Golf Club

701 Golfpark Drive
Celebration FL 34747

FAX: 407-566-1037

OR

GOLF SHOP USE ONLY:

MEMBER # _____ APPLICATION DATE: ____ / ____ / ____

MEMBER ENTERED _____

INITIALS

