

New Membership Application 2024

Name _____ Email _____ Cell Phone: _____ Birthday (m/d) ____/____

Spouse _____ Email _____ Cell Phone: _____ Birthday (m/d) ____/____

Kiawah Island Address _____ Local Phone _____ Other Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Children Under 25 (Name and Date of Birth(mm/dd/yy)) _____

Membership Categories

Please select membership category and payment option below. You have the option to either pay all of your dues up front, or delay a portion by paying partially up front and a monthly payment for remaining months. The total membership cost for either payment option is the same. **Please select ONE category and payment option.**

Golf	Dues	Tax	Total Payment	Initial Total
Unlimited Family	\$8,500	\$425	\$8,925	Temporarily Unavailable
Unlimited Single	\$7,600	\$380	\$7,980	Temporarily Unavailable
60 round membership	\$5,550	\$277.50	\$5,827.50	Temporarily Unavailable
30 round membership	\$3,330	\$166.50	\$3,496.50	Temporarily Unavailable
Golf/Tennis Plus				
Unlimited Family	\$11,100	\$555	\$11,655	Temporarily Unavailable
60 rounds, 200 hours	\$7,350	\$367.50	\$7,717.50	Temporarily Unavailable
60 rounds, 100 hours	\$6,510	\$325.50	\$6,835.50	Temporarily Unavailable
30 rounds, 200 hours	\$5,200	\$260	\$5,460	Temporarily Unavailable
30 rounds, 100 hours	\$4,400	\$220	\$4,620	Temporarily Unavailable
Tennis				
Unlimited Family	\$3,300	\$165	\$3,465	
Unlimited Single	\$2,100	\$105	\$2,205	
Limited Family, 200 hours	\$1920	\$96.00	\$2016.0	
Limited Single, 100 hours	\$1,300	\$65	\$1365	
Social* included in all other memberships except Pool Only				
Family	\$1800	\$90	\$1,890	
Pool Only - NO discounts or membership benefits other than pool access				
Family	\$990	\$48.59	\$1,039.50	

Additional Services

Golf Handicap Fee (\$32 per number)	\$32.00 ea	
Pool Add-On for Adult-Children, Grandchildren, Parents and Siblings (additional form required) (\$250)	\$262.50	
Total Due		

Monthly Statement Billing

Credit Card Last 4 digits: _____ (Enter full credit card number below)

Name on card: _____

Membership will be automatically renewed annually at the same or most similar category of membership. Membership fees will be billed automatically each November. Changes can be made within 30 days of the expiration date on current membership term. Rates and terms subject to change. I have read the Terms and Conditions of the Governor's Club and agree to abide by stated guidelines. All memberships expire on Dec. 31, 2024. I permit The Accounting Department of The Governor's Club to charge my monthly statement amount to my credit card. I agree to include my address, phone number, and e-mail address in the Club's directory or similar publication. I also agree that photos taken of my family and guests may be used in Club publications and for promotional purposes from time to time. I agree to pay the full year's dues regardless of the date joined. I accept that any monthly charges are automatically billed to my Governor's Club account.

MEMBER SIGNATURE: _____ **DATE:** _____

Mailing Address: One Sanctuary Beach Drive, Kiawah Island, SC 29455. Email: govclub@kiawahresort.com

KIGR ONLY: Processed Date: _____ **By (initials):** _____ **CC # Destroyed by:** _____ :

This section to be torn off and destroyed after processing by Kiawah Island Golf Resort

☐ Credit Card Number: _____ Exp: _____ CVV: _____