



OCEAN PINES - ASSOCIATE APPLICATION

OPA - 239 Ocean Parkway - Ocean Pines, MD 21811 Phone: 410-641-7717

OFFICE USE ONLY (2021-2022)

____ Renewing
____ New Membership

Date Entered:
Initials:

PLEASE PRINT:

Sec: _____ LOT: _____ OPA STREET ADDRESS _____

Adult Name _____ Member ID # _____

Adult Name _____ Member ID # _____

Mailing Address _____

City _____ State _____ ZIP _____

E-MAIL _____ Phone _____

Family is 2 Adults living in the household and Dependent Children Ages 5-17 & College Student up to 22 with proof of college enrollment.

Please list names and date of birth.

Name	Date of Birth	Name	Date of Birth
1 _____	_____	5 _____	_____
2 _____	_____	6 _____	_____
3 _____	_____	7 _____	_____
4 _____	_____	8 _____	_____

PHOTO ID's FOR ALL MEMBERSHIPS REQUIRED - PLEASE CHECK MEMBERSHIP(S) DESIRED

GOLF

<input type="checkbox"/> (ASGF)	\$2600 Associate Golf Family
<input type="checkbox"/> (ASGI)	\$1600 Associate Golf Individual
Name of Individual _____	
<input type="checkbox"/> (ASCF)	\$2100 Cart Package Family
<input type="checkbox"/> (ASCFI)	\$1400 Cart Package Individual
Name of Individual _____	
<input type="checkbox"/> (ASGAF)	\$1650 Assoc Golf Afternoon Family
<input type="checkbox"/> (ASGAI)	\$1050 Assoc Golf Afternoon Individual
Name of Individual _____	
<input type="checkbox"/> (ASGJR)	\$225 Associate Golf Jr (16 and under)
Name of Individual _____	

RACQUET SPORTS

<input type="checkbox"/> (APF)	\$390 Associate Pickleball Family
<input type="checkbox"/> (APB)	\$240 Associate Pickleball Individual
Name of Individual _____	
<input type="checkbox"/> (APBJ)	\$80 Associate Pickleball Junior
Name of Individual _____	
<input type="checkbox"/> (ASPTF)	\$390 Associate Platform Tennis - Fam
<input type="checkbox"/> (ASPT)	\$240 Associate Platform Tennis - Ind
Name of Individual _____	
<input type="checkbox"/> (ASTF)	\$615 Tennis - Family
<input type="checkbox"/> (ASTI)	\$385 Tennis - Individual
Name of Individual _____	
<input type="checkbox"/> (ATJR)	\$80 Tennis Junior
Name of Individual _____	
<input type="checkbox"/> (ASTAF)	\$215 Tennis Afternoon Family
<input type="checkbox"/> (ASTAI)	\$135 Tennis Afternoon Individual
Name of Individual _____	

SWIM

<input type="checkbox"/> (ASFS)	\$440 Swim Family Summer
<input type="checkbox"/> (ASFW)	\$620 Swim Family Winter
<input type="checkbox"/> (ASFY)	\$810 Swim Family Yearly
<input type="checkbox"/> (ASIS)	\$265 Swim Individual Summer
<input type="checkbox"/> (ASIW)	\$405 Swim Individual Winter
<input type="checkbox"/> (ASIY)	\$520 Swim Individual Yearly
Name of Individual _____	

BEACH PARKING

<input type="checkbox"/> (ASPAK)	\$510 Beach Parking Permit Only
(Office Use Only: Permit # _____)	

TOTAL AMOUNT

DUE: _____

PAYMENT METHODS

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	\$35 return check fee	Credit/Debit Cards will incur a 3.5% convenience fee
<input type="checkbox"/> Debit Card	Debit/Credit Card # _____		
<input type="checkbox"/> Credit Card	Expiration Date _____	V-Code _____	

ALL NEW MEMBERSHIPS MUST BE PICKED UP AT THE OPA OFFICE OR POLICE DEPARTMENT

All information above is true, complete and correct to the best of my knowledge and belief. Further I agree to obey and adhere to all established amenities rules and regulations

SIGNATURE: _____

DATE _____