



# OCEAN PINES - ASSOCIATE APPLICATION

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

OFFICE USE ONLY (2022-2023)

Renewing  
 New Membership

Date Entered: _____
Initials: _____

**PLEASE PRINT:**

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 MEMBERSHIP CARDS ARE REQUIRED - PLEASE CHECK MEMBERSHIP(S) DESIRED**

**GOLF**

<input type="checkbox"/> (ASGF)	\$2700 Associate Golf Family
<input type="checkbox"/> (ASGI)	\$1700 Associate Golf Individual
Name of Individual _____	
<input type="checkbox"/> (ASCF)	\$2200 Cart Package Family
<input type="checkbox"/> (ASCFI)	\$1500 Cart Package Individual
Name of Individual _____	
<input type="checkbox"/> (ASGAF)	\$1750 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 _____	

**SWIM**

<input type="checkbox"/> (ASFS)	\$465 Swim Family Summer
<input type="checkbox"/> (ASFW)	\$650 Swim Family Winter
<input type="checkbox"/> (ASFY)	\$850 Swim Family Yearly
<input type="checkbox"/> (ASIS)	\$280 Swim Individual Summer
<input type="checkbox"/> (ASIW)	\$425 Swim Individual Winter
<input type="checkbox"/> (ASIJ)	\$545 Swim Individual Yearly
Name of Individual _____	

**BEACH PARKING**

<input type="checkbox"/> (ASPAK)	\$525 Beach Parking Permit Only
(Office Use Only: Permit # _____)	

**RACQUET SPORTS**

<input type="checkbox"/> (APF)	\$410 Associate Pickleball Family
<input type="checkbox"/> (APB)	\$250 Associate Pickleball Individual
Name of Individual _____	
<input type="checkbox"/> (APBJ)	\$80 Associate Pickleball Junior
Name of Individual _____	
<input type="checkbox"/> (ASPTF)	\$410 Associate Platform Tennis - Fam
<input type="checkbox"/> (ASPT)	\$250 Associate Platform Tennis - Ind
Name of Individual _____	
<input type="checkbox"/> (ASTF)	\$645 Tennis - Family
<input type="checkbox"/> (ASTI)	\$405 Tennis - Individual
Name of Individual _____	
<input type="checkbox"/> (ATJR)	\$80 Tennis Junior
Name of Individual _____	
<input type="checkbox"/> (ASTAF)	\$225 Tennis Afternoon Family
<input type="checkbox"/> (ASTAI)	\$140 Tennis Afternoon Individual
Name of Individual _____	

**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 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 \_\_\_\_\_