IN PINES ASSOCIATION	OCEAN PINES - ASSOCIATE APPLICATION		
	OPA - 239 Ocean Parkway - Oce		1 Phone: 410-641-7717
		-	OFFICE USE ONLY (2023-2024)
400	Renewing		
· OCENIIPINES	New Membership		Date Entered: Initials:
PLEASE PRINT:			IIIlliais.
Adult Name		Memb	ber ID #
Adult Name		Memt	ber ID #
			Jei ID #
-	3		
City	State	ZIP	
E-MAIL		Phone	
Family is	2 Adults living in the household and Dependent Children A		o 22 with proof of college enrollment.
		s 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			
	<u>GOLF</u>	<u></u> <u></u>	ACQUET SPORTS
(ASGF)	\$2700 Associate Golf Family	(APF) \$41	0 Associate Pickleball Family
(ASGI)	\$1700 Associate Golf Individual	(APB) \$25	0 Associate Pickleball Individual
Name of Individual		Name of Individual	
(ASCFF)	\$2200 Cart Package Family		0 Associate Pickleball Junior
(ASCFI) Name of Individual	\$1500 Cart Package Individual	Name of Individual	
Name of marriaga.		(ASPTF) \$41	0 Associate Platform Tennis - Fam
(ASGAF)	\$1750 Assoc Golf Afternoon Family		0 Associate Platform Tennis - Ind
(ASGAI)	\$1050 Assoc Golf Afternoon Individual	Name of Individual	
Name of Individual		—	
(ASGJR)	\$225 Associate Golf Jr (16 and under)	· · ·	5 Tennis - Family
Name of Individual		(-) + -	5 Tennis - Individual
	<u>SWIM</u>	Name of Individual	
(ASFS)	\$465 Swim Family Summer	(ATJR) \$8	0 Tennis Junior
(ASFW)	\$650 Swim Family Winter	Name of Individual	
(ASFY)	\$850 Swim Family Yearly	_	
(ASIS)	\$280 Swim Individual Summer		5 Tennis Afternoon Family
(ASIW)	\$425 Swim Individual Winter	(-) +	0 Tennis Afternoon Individual
(ASIY)	\$545 Swim Individual Yearly	Name of Individual	
Name of Individual		Hours of operation for a	all Ocean Pines amenities are
			vailability. NO refunds or
	BEACH PARKING	extended memberships	are given due to reduced hours.
(ASPARK)	\$525 Beach Parking Permit Only	Initia	ls
(Office Use C	Only: Permit #)		
TOTAL DUE:			
PAYMENT METHODS			
	Cash Check \$35 return check fee		
	Debit Card Debit/Credit Card #		
	Credit Card Expiration Date		V-Code
All	I information above is true, complete and correct to the best of my knowledge and be	lief. Further I agree to obey and adhere to all	established amenities rules and regulations

SIGNATURE:

DATE