OCEAN PINES - ASSOCIATE APPLICATION

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

OFFICE USE ONLY (2026-2027)

Date Entered:
Initials:

_____ Renewing
_____ New Membership

PLEASE PRINT:

Adult Name _____ Date of Birth _____ Member ID # _____

Adult Name _____ Date of Birth _____ 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

☐ (ASGF) $2925 Associate Golf Family
☐ (ASGI) $1950 Associate Golf Individual
Name of Individual _____

☐ (ASCFF) $2200 Cart Package Family
☐ (ASCFI) $1500 Cart Package Individual
Name of Individual _____

Afternoon Memberships are after 12 pm

☐ (ASGAF) $1800 Assoc Golf Afternoon Family
☐ (ASGAI) $1200 Assoc Golf Afternoon Individual
Name of Individual _____

☐ (ASGJR) $325 Associate Golf Jr (16 and under)
Name of Individual _____

☐ (AGYP) $1500 Assoc Golf Young Prof (under 35)
Name of Individual _____

SWIM

☐ (ASFS) $605 Swim Family Summer
☐ (ASFW) $845 Swim Family Winter
☐ (ASFY) $1070 Swim Family Yearly
☐ (ASIS) $370 Swim Individual Summer
☐ (ASIW) $555 Swim Individual Winter
☐ (ASIY) $690 Swim Individual Yearly
Name of Individual _____

RACQUET SPORTS

☐ (ARCF) $600 Assoc Racquet Sports Family

☐ (ARCI) $380 Assoc Racquet Sports Individual
Name of Individual _____

☐ (ARCJR) $95 Assoc Racquet Sports Junior
Name of Individual _____

BEACH PARKING

(ASPARK) $600 Beach Parking Permit Only
Permit Number _____

(DBPP) $50 Daily Beach Parkig Permit
Date for Daily Permit _____

(PPWK) $170 Beach Parking Weekly
Date for Weekly Permit _____

Hours of operation for all Ocean Pines amenities are contingent upon staff availability.
NO refunds or extended membership are given due to reduced hours.

Initials _____

Membership Seasons:
Yearly - May 1st to April 30th ***Summer - May 1st to September 30th***
Winter - October 1st to April 30th

TOTAL DUE: _____

PAYMENT METHODS

☐ **Cash** ☐ **Check** *$35 return check fee*
☐ **Debit Card** **Debit/Credit Card #** _____
☐ **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