



OCEAN PINES - ASSOCIATE APPLICATION

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

OFFICE USE ONLY

____ 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)	\$2530 Associate Golf Family
<input type="checkbox"/> (ASGI)	\$1450 Associate Golf Individual
Name of Individual _____	
<input type="checkbox"/> (ASCF)	\$1900 Cart Package Family
<input type="checkbox"/> (ASCFI)	\$1300 Cart Package Individual
Name of Individual _____	
<input type="checkbox"/> (ASGAF)	\$1500 Assoc Golf Afternoon Family
<input type="checkbox"/> (ASGAI)	\$950 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)	\$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 # _____)	

RACQUET SPORTS

<input type="checkbox"/> (APF)	\$370 Associate Pickleball Family
<input type="checkbox"/> (APB)	\$220 Associate Pickleball Individual
Name of Individual _____	
<input type="checkbox"/> (APBJ)	\$80 Associate Pickleball Junior
Name of Individual _____	
<input type="checkbox"/> (ASPTF)	\$370 Associate Platform Tennis - Fam
<input type="checkbox"/> (ASPT)	\$220 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 _____	

TOTAL AMOUNT

DUE: _____

PAYMENT METHODS

<input type="checkbox"/> Cash	<input type="checkbox"/> Check	There will be a \$35 fee for all returned checks	
<input type="checkbox"/> Debit Card	Debit/Credit Card # _____		V-Code _____
<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 _____